RELEASE OF
PSYCHOLOGICAL ASSESSMENT INFORMATION

I _____, agree that the results from my assessment by

George H. Bercaw, M.A., A.B.D.A., 859 McCallie Avenue – Suite 101 – Catholic Charities Building Chattanooga, Tennessee 37403

will be released to my District Superintendent. I understand that these results will be considered as a part of my candidacy for ministry in the United Methodist Church and that certain items and information will be shared by the District Committee on Ordained Ministry with the Board of Ordained Ministry, District Superintendents, Candidacy Mentors, and Clergy Mentors as these persons and committees make decisions concerning my status in ministry. I give my permission for this information to be released to these persons and committees.

I also agree that the information provided on the "Personal Data Inventory" will be released to my District Superintendent under the same conditions as stated above.

_____ _____

Date *Signature*

_____

Witness

Print Name: _____

Current Address: _____

_____

Telephone: (____) _____ Email: _____

Permanent Address: _____

_____

Telephone: (____) _____ S. S. # _____-_____-_____

Supervising Pastor's Name: _____

Address: _____

_____

District whose care you are under: _____