

**RELEASE OF INFORMATION
DIOCESE OF ATLANTA**

TO: The Right Reverend J. Neil Alexander
The Episcopal Center
2744 Peachtree Road NW
Atlanta, GA 30305

I, _____, an applicant for Holy Orders in the Episcopal Church, give my permission to the Bishop of the Episcopal Diocese of Atlanta to share reports of my physical examination, psychological testing, psychiatric evaluation, Child Protection Screening Test and Oxford background check, along with my application for Postulancy and supporting materials, and my transcripts from a College and/or University or Theological Seminary with the Bishop's secretary and/or Administrative Assistant for Discernment (for filing purposes only).

I, _____, an applicant for Holy Orders in the Episcopal Church, further give my permission to the Bishop or Ecclesiastical Authority of the Episcopal Diocese of Atlanta to share my application, leadership testing results, spiritual autobiography along with other supporting material supplied by me and my rector with the members of the Commission on Ministry and Standing Committee, or other person reasonably deemed appropriate by the Bishop in order to conduct an affective analysis of my application.

I, _____, an applicant for Holy Orders in the Episcopal Church, give permission to the Bishop of the Episcopal Diocese of Atlanta to share reports of my medical examination, psychological testing, psychiatric evaluation, Child Protection testing, educational transcripts and Oxford background check with the Canon for Ministry, Chair of the Commission on Ministry and President of the Standing Committee. I further give my permission to the Behavioral Medicine Institute and the psychiatrist appointed by the Bishop, to share and exchange information about me with the purpose of a full and comprehensive assessment for Holy Orders.

I, _____, an applicant for Holy Orders in the Episcopal Church also understand that confidential reports and data from the Psychologist and Psychiatrist appointed by the Diocese of Atlanta, from the Behavioral Medicine Institute of Atlanta, from Oxford Document Management Co. and from my rector or clergy in charge are the property of the Diocese of Atlanta and copies of these reports will not be made available to me.

I give my permission for transcripts from a Theological Seminary and evaluative materials to be shared by the Bishop of the Episcopal Diocese of Atlanta with the members of the Commission on Ministry and the Standing Committee for purposes of recommendation for Candidacy and Ordination.

Signed: _____ Date: _____

Please send the original copy to the Episcopal Diocese of Atlanta.

Please give copies of this waiver to:

- the physician for your physical examination
- the psychologist for your psychological evaluation
- the psychiatrist for your psychiatric evaluation
- the Behavioral Medicine Institute of Atlanta

The Episcopal Church in the Diocese of Atlanta
2744 Peachtree Road NW
Atlanta, GA 30305