

***Please read these instructions before you proceed!***

## Instructions for filling out this form

This is a fillable PDF form. You will need either Adobe Acrobat or Adobe Reader to complete and save this form. Adobe Reader may be downloaded for free at <http://get.adobe.com/reader>.

### USE ONLY ADOBE READER

Please do **not** complete this form using other PDF readers than Adobe Reader. Please don't complete this form using Apple Preview. If you use Preview, some features such as saving your completed document may be unavailable, or responses won't be visible when they are submitted. Use Adobe Reader; this free application may be downloaded at <http://get.adobe.com/reader>.

### USE THE MOST RECENT VERSION OF ADOBE READER

While we attempt to make forms backward compatible, for the best results, use the most recent version of Adobe Reader, available for free download at <http://get.adobe.com/reader>.

### DO NOT COMPLETE THIS FORM FROM WITHIN A BROWSER

Do **not** complete this form within a web browser. If you are viewing this form from within a web browser, please go back to the original document link and save the PDF file to your computer. To do this with a PC, right-click on the document link and select either "Save Target As" or "Save Link As" and save. On a Mac, use Command-Click to save locally. If you try to complete this form from within a browser, some features such as saving your completed document may be unavailable. If after saving the file on your hard disk, you click to open the document and it *still* opens in a browser, you may have to open Adobe Reader as your first step, and then browse your hard disk to find the form file to open.

### FILLING IN THE FORM

This form can be filled out and saved for later editing, printing, or emailing. To fill out this form, position your cursor within a light blue field, click and begin typing. When you have completed a field, tab or click to the next. Periodically save your work. The first time you may be prompted to save with a different file name; you may name your file anything you want. If you include your name in the file name, that will make it easier to identify your file among other submissions. To ensure success, fill out a small portion of the form, save and exit. Open the form again and verify that your entries were saved.

### STILL HAVING TROUBLE FILLING OUT AND SAVING THIS FORM?

If you are still having trouble completing and saving this form, please contact the churchwide unit responsible for the form.



## CONSENT TO RELEASE STUDENT INFORMATION UNDER FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)

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The Evangelical Lutheran Church in America's candidacy process for individuals preparing for rostered ministry is a cooperative relationship among candidates, seminaries, synods, and the ELCA. The process requires that candidate information may be shared among them.

TO: \_\_\_\_\_  
Name of Dean and Institution/Seminary

I, \_\_\_\_\_  
Student Name ID Number/ Leader Key, if any

Authorize: \_\_\_\_\_  
Institution/Seminary

to release the educational records listed below, upon request, to the following recipient(s):

Name: \_\_\_\_\_  
Synod Candidacy Staff/ Candidacy Committee Chairperson

**RECIPIENT(S) - Person's named here may also share these records with other parties involved in candidacy: Bishop, Bishop's associates and assistants, candidacy committee and candidacy leadership managers**

Form must be mailed to: \_\_\_\_\_  
SynodAddress

\_\_\_\_\_  
Synod Telephone Number (xxx) xxx-xxxx

\_\_\_\_\_  
Recipients Email Address

The information may be released orally and discussed with the recipient or in written form or both. This consent is intended to be in addition to any form provided or required by:

\_\_\_\_\_  
Institution/Seminary

**INFORMATION TO BE RELEASED UNDER THIS CONSENT IS:**

*(all records described below)*

- Application or admission records
- Transcript/academic records including progress or status records
- Academic advising records or notes
- Student Life/Student Affairs records
- Disciplinary records
- Interviews or reviews
- Recommendations for employment or admission to other schools
- Records of internships, externships, employment, volunteer work, teaching parish/congregation reports or other service
- Records regarding formation or fitness for ministry
- other (specify) \_\_\_\_\_

**INFORMATION IS TO BE RELEASED FOR THE FOLLOWING PURPOSE:**

Evaluation of fitness for ministry, internship placement or assignment in ministry.

I understand that I am not required to release my records. I am giving my consent to release the designated information to the recipient(s) listed above. This release will remain in effect unless I revoke this consent in writing.

\_\_\_\_\_  
Student Name (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date: mm/dd/yyyy