INFORMATION AUTHORIZATION AND RELEASE

Fill in the form electronically (TAB from field to field), and print it. Or print a hardcopy to be completed. Sign in the presence of a notary, and return to the district office.

I,	(Name)			,	of	(City,	State)
cons profe repo	sent to have an essional reputat	investigation made as ion, fitness for the min ve-named district. I agr	to the conduct o	f my personal affarther information a	the A airs, m s may	Assemblies ny moral be receiv	character, ved by or
chur perta God com any infor	ch, educational aining to me to f any such info plaints filed aga of its agents or mation. I speci	est every person, firm, of facility, or institution has furnish to the (District Naturnish to the (Dis	aving control of an ame) numents, records, nal, pending or closect and make co- rights I may have t	ny documents, recor Dis- or other informationsed, and to permit the pies of such documents of the contractions of th	ods, an strict of on regular above the above ments,	d other in of the Assegarding cove-named records,	formation emblies of harges or district or and other
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I hav	ve read and signo	ed the foregoing Authori	zation and Release	as my own free act	and de	eed.	
Sign	ature			Date			
Subs	scribed and sworn	before me this	day of		,	20	
				Notary Public	:		
Мус	commission expire	es:					

Revised: March 2003 From No. 737 040