



Central/Southern Illinois Synod
Evangelical Lutheran Church in America

Authorization and Release for Background Checks and Screening

I authorize any reference, supervisors, ELCA entity (including congregation, synod, churchwide organization), or any other person or organization to give the Central/Southern Illinois Synod any information (including opinions) regarding my character and fitness for ministry.

I also release any individual, employer, reference, synod, congregation, ELCA entity or related organization, institution, organization, or official, or any other person or organization providing information, from any liability for damages of whatever kind or nature that may exist at any time on account of compliance or any attempts to comply with this authorization, excepting only the communication of knowingly false information.

I authorize any prospective employer to conduct reference and background checks and screening, and I agree to supply additional information or consents as requested.

A signed facsimile, electronic version, or photocopy of the Authorization and Release shall be valid as the original.

Printed name

Date

Signature

*Please submit this form no later than May 24, 2023 by email to synodoffice@csis-elca.org or
by mail to:*

*Central/Southern Illinois Synod of the ELCA
524 S 5th St
Springfield, IL 62701*