Authorization and Release



Multiplication, 8405 Pulsar Place, Columbus, OF			
I, having filed an application with the Church F			
of God, consent to have an investigation ma	_		
professional reputation and fitness for the m			
reported to the Ohio District Council, Inc. I a	•		· ·
reference to my past history.	.6. 00 00 8.10 0, 10		
I authorize and request every person, firm, conseducational facility, or institution having comme, to furnish to the Ohio District Counce documents, records or other information repending or closed, and to permit the Ohio District Counce pending or closed, and the Ohio Di	ntrol of any docum il, Inc., of the Ass egarding charges o District Council, Inc of such documents, ew any information	ents, records, and one emblies of God are recomplaints filed and one of the Assemblies records, and other one provided to the O	other information pertaining to my such information, including against me, formal or informal, s of God or any of its agents or information. I specifically waive
I hereby release, discharge and exonerate the representatives and any person furnishing in out of the furnishing or inspection of such do by or on behalf of the Ohio District Council, Assemblies of God shall not be required to vand shall not be liable for acting on the bincomplete.	nformation from a ocuments, records, Inc., of the Assem verify any informati	ny and all liability o and other informa blies of God. The O on received during	of every nature and kind arising tion or the investigations made hio District Council, Inc., of the the course of its investigations,
STATE OF			
COUNTY OF			
I have read and signed the foregoing Author	rization and Release	e as my own free ac	t and deed.
	Applicant		_
Subscribed and sworn to before me this	day of	, 20	
	Notary	/ Public	_



Authorization and Release - Spouse

This form should be printed, completed, notarized and returned to the Ohio Ministry Network, Attention Church Multiplication, 8405 Pulsar Place, Columbus, OH 43240 or via email to ocmn@ohioministry.net. _____(name) of_____ (city/state), spouse of having filed an application with the Church Planting Cabinet of the Ohio District Council, Inc., of the Assemblies of God, consent to have an investigation made as to the conduct of my personal affairs, my moral character, professional reputation and fitness for the ministry and such further information as may be received by or reported to the Ohio District Council, Inc. I agree to give any further information which may be required in reference to my past history. I authorize and request every person, firm, company corporation, governmental agency, court association, church, educational facility, or institution having control of any documents, records, and other information pertaining to me, to furnish to the Ohio District Council, Inc., of the Assemblies of God any such information, including documents, records or other information regarding charges or complaints filed against me, formal or informal, pending or closed, and to permit the Ohio District Council, Inc., of the Assemblies of God or any of its agents or representatives to inspect and make copies of such documents, records, and other information. I specifically waive any or all right I may have to inspect or review any information provided to the Ohio District Council, Inc., of the Assemblies of God, its agents or representatives by any person or organization. I hereby release, discharge and exonerate the Ohio District Council, Inc., of the Assemblies of God, its agents and representatives and any person furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information or the investigations made by or on behalf of the Ohio District Council, Inc., of the Assemblies of God. The Ohio District Council, Inc., of the Assemblies of God shall not be required to verify any information received during the course of its investigations, and shall not be liable for acting on the basis of any information which later appears to have been false or incomplete. STATE OF COUNTY OF : ss I have read and signed the foregoing Authorization and Release as my own free act and deed. **Applicant** Subscribed and sworn to before me this ______ day of ______ , 20

Notary Public