

## RELEASE OF INFORMATION FORM

I hereby authorize the Kansas Ministries Credentialing Committee to request, receive, maintain, and transfer upon request any and all applications, letters, references, forms, and other information in regards to my licensing, ordination process, and ministerial service. I further give said board permission for all information received to become part of my professional file. I understand that this file is considered permanent and transferable to an appropriate authority of my choice to transfer to the jurisdiction of another assembly.

Print Full Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Return to:

**Rev. Carlotta Andrews, Credentials Chairperson, 207 SW Kendall Ave. Topeka, KS 66606  
785-408-1090; Email: c.andrews.2@att.net**