

PSYCHOLOGICAL ASSESSMENT
RELEASE FORM

I, _____ (Candidate's Name), do hereby grant permission to
_____ (Psychologist's/Doctor's Name), to release his/her
evaluation of my test scores, interviews, and physical exam results to members of the
Arkansas Conference Board of Ordained Ministry, the appropriate District Committee on
Ordained Ministry, and to my District Superintendent. I understand this evaluation may be
used in the application process for admission into the Arkansas Annual Conference. I
understand that results of the evaluations may be released to the full Clergy Session of the
Arkansas Annual Conference if deemed necessary by a majority of the Clergy Session.
I further understand that the Board of Ordained Ministry will discontinue my application
should I refuse to make this evaluation available to the Board.

I also understand this permission to release this written evaluation grants
permission to the Board of Ordained Ministry to use this information in the interview
process. I do also give my permission to the above-named Psychologist/Doctor to use
this evaluation without reference to my name for the purpose of research only. No other
use of this evaluation may be made without my express written consent.

Date: _____

Candidate's Signature: _____

Chairperson, Evaluation Committee _____

Please send a copy of this release form to the Conference Chair of Ministerial Assessment,
Rev. David Hawkins, Grace UMC, 1075 Hogan Lane, Conway, AR 72034