

BALTIMORE-WASHINGTON CONFERENCE OF  
THE UNITED METHODIST CHURCH  
THEOLOGICAL SCHOOL RELEASE OF INFORMATION FORM

Student's Name: \_\_\_\_\_

Theological School: \_\_\_\_\_

I hereby authorize release of the information requested to the registrar of the Board of Ordained Ministry listed below. The request can be in the form of an on-line survey recommendation/evaluation request or in writing. Recognizing the confidential nature of this recommendation,

\_\_\_\_\_ I DO waive all rights of access to this report without the written consent of the person providing the information.

\_\_\_\_\_ I DO NOT waive all rights of access to this report without the written consent of the person providing the information.

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

Dated:\_\_\_\_\_