



**Form F**  
**Waiver of Information**

To: Holy Orders File  
Episcopal Church in Minnesota  
1101 W. Broadway Avenue  
Minneapolis, MN 55411

I, \_\_\_\_\_, a Nominee for Holy Orders in the Episcopal Church, give my permission to the Bishop of the Episcopal Church in Minnesota to share reports of my physical examination, psychological evaluation, along with my application for Postulancy and supporting material, my CPE evaluations, my supervised field education evaluations, and my transcripts from a theological seminary, with the Missioner for Ministry, the Missioner for Formation, the President of the Standing Committee and Chair of the Commission on Ministry.

I, \_\_\_\_\_, a Nominee for Holy Orders in the Episcopal Church, further give my permission to the Bishop of the Episcopal Church in Minnesota to share my application for Postulancy along with supporting material supplied by me or my faith community, *excluding the physical examination, the psychological evaluation, and the background check*, with the Commission on Ministry, the Commission for Formation and the Formation Chaplains.

I, \_\_\_\_\_, a Nominee for Holy Orders in the Episcopal Church, further give my permission to the psychological and psychiatric examiners/evaluators, to exchange information about me with each other for the purposes of a full and comprehensive assessment for Holy Orders.

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

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

*Send the original signed copy to the Episcopal Church in Minnesota.*

*Give copies of this waiver to:*

- *The physician for your physical examination*
- *The psychologist at North Central Ministry Development Center*