

Dean of Students
Luther Seminary
2481 Como Avenue
St. Paul, MN 55108

1. I authorize Luther Seminary to release one and only one photocopy of my background check report to:

My synod candidacy committee;
Synod office; or
Official denominational judicatory body.

2. The correct address below for that body is:

3. This letter does not authorize Luther Seminary to send a photocopy of my background check to any person or organization other than that one identified above.

4. I release Luther Seminary, its employees, agents, officials and insurers from any and all liability for damages of whatever kind or nature that may exist at any time on account of Luther Seminary's compliance with or any attempts to comply with this authorization. The only exception to my release is the deliberate communication of knowingly false information.

Print name in full _____

Signature _____

Date _____

(This authorization is null and void if the name is illegible, or not signed and dated.)