



**CHURCH  
OF GOD**  
MINISTRIES

## **MILITARY CHAPLAINCY AUTHORIZATION AND RELEASE**

I hereby authorize any Department of Defense agency, military department, military Chief of Chaplains, and their respective office, organization, or supervisor, whether military or civilian, to provide to the Chaplain Ministries (Endorser) of Church of God Ministries, Inc., P.O. Box 2420, Anderson, IN 46018-2420, any and all information related to my service, including, but not limited to, opinions concerning my character or fitness for ministry, (including unfavorable information, if any). In addition, I hereby release any individual or agency, any Department of Defense agency, military department, military Chief of Chaplains, and their respective office, organization or supervisor, whether military or civilian, providing such information from any and all liability for damages of whatever kind or nature which may exist at any time on account of compliance or any attempts to comply with this authorization, excepting only the communication of knowingly false information.

I waive any and all claims of loss or liability, including but not limited to any claim or cause of action for libel, slander or defamation, that I may now or in the future have against the Church of God (Anderson, IN), Church of God Ministries, Inc., any of its Assemblies, member congregations, officers, directors, employees, pastors or ministers, for the sharing, receipt or use of any such information. This authorization and release is given in consideration of the review of my application for endorsement or the continuation of endorsement.

A facsimile or photocopy of this authorization shall be valid as an original.

Name (printed): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_