

Release Form

As part of the election process, the Central States Synod of the Evangelical Lutheran Church in America, requires, by continuing resolution S9.12.A08, that a background check be obtained for all nominees for synod officers and synod council members, **except for youth**. Please return this form directly to Tim Anderson at the synod office or by e-mail to tanderson@css-elca.org.

AUTHORIZATION

During the 2025 nominating and election process and at any time during the tenure of any position as a Synod officer or Synod Council member to which I may be elected, I hereby authorize First Advantage Background Services, Corporation, P.O. Box 105292, Atlanta, GA 30348, 1-800-845-6004, on behalf of the Central States Synod of the Evangelical Lutheran Church in America to verify my social security number and do a check of the national criminal database for any convictions. An additional credit history check will be done for the nominees for the position of the synod treasurer. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification.

Nominee Name (Please print and include middle name)

Address (Complete address with city/state/zip)

Nominee Signature

Date

Social Security Number *

Date of Birth

*For Identification Purposes Only