

**Application for Holy Orders – Priest
Form 3 – Waiver
WAIVER OF CONFIDENTIALITY AND
PERMISSION TO SHARE INFORMATION**

To: The Rt. Rev. Jennifer A. Reddall
Bishop of Arizona & Commission on Ministry
114 West Roosevelt Street
Phoenix, AZ 85003-1406

Initial: The undersigned, an applicant for Holy Orders in the Episcopal Church, give my permission to the Bishop of The Episcopal Diocese of Arizona (the “Diocese”) to share reports of my physical examination, and my psychological examination, my psychological evaluation, along with my applications for Nomination, Postulancy, Candidacy, to be ordained Deacon and all supporting material supplied by me or my parish or other community of faith with the Commission on Ministry of the Diocese, “COMpanion”/Mentors appointed by the Commission on Ministry, and the Standing Committee of the Diocese; and, at the Bishop’s discretion, to the priest in charge of a nominating congregation.

Initial: I further give my permission to the psychological examiners, psychological evaluators and medical examiners to exchange information about me with each other for the purposes of a full and comprehensive assessment of me for Holy Orders.

Initial: I understand that the results and reports of the psychological examinations, the psychological evaluations and the medical examinations are the property of the Diocese, subject to the rules of the Diocese and The Episcopal Church for management of personal information, and may be utilized pursuant to agreements between me and the Diocese. I further agree that the Diocese’s psychiatric or psychological evaluator will be held harmless in any action associated with the management of information gathered in the evaluation process.

Initial: I understand and agree that written reports of my medical examination, psychological or psychiatric examination and psychological evaluation will be sent directly to the Bishop of the Diocese or their other designees and these reports will remain a part of my permanent record with the Diocese.

The following is optional. Your election not to initial will not prejudicial the consideration of your nomination to Holy Orders

Initial: I understand and agree that written reports of my psychological or psychiatric examination and psychological evaluation can be forwarded to my Rector/Vicar/Dean, at their request, from the Bishop of the Diocese.

Signed: _____

Date: _____