

SUMMIT BIBLE COLLEGE

INFORMED CONSENT AND RELEASE OF LIABILITY FORM

*****Release*****

In connection with my application for certification from Summit Bible College's Ministerial Fellowship, I hereby authorize the above-named institution to investigate my past and present employment, education and criminal records, including information on expunged records as provided by law, to ascertain any and all information which may be pertinent to my qualifications or fitness and to make any information received part of my permanent certification file. I understand that Summit Bible College will release any information related to my qualifications or fitness for working with children in the schools to any educational institution to which I apply for training, employment, or volunteer service. I further understand that my submission of this document is evidence of my knowledge, understanding and acceptance of the conditions herein set forth. I further agree that a copy of this release shall function as an original. I have the right to inspect information received into my file and to challenge or respond to that information.

Please print complete name, complete all other fields, and sign form before a witness. Send a copy to the Administrative Assistant to the Dean, Summit Bible College, Bakersfield, CA, 93306.

____ - ____ - ____
Social Security Number

First Name	Middle Name	Last Name	Birth Date: MM/DD/YY
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Applicant Signature	Date
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Witness Signature	Date
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