



Authorization to Release Information

Psychological Evaluation for the Ordination Discernment Process

Candidate Name: _____

DOB: _____

I hereby authorize **Anthony Isacco PhD** to release all records and information pertaining to my Mental Health Assessment for Ordination, including but not limited to opinions and responses to any questionnaires, both orally and in writing, to:

The Anglican Diocese of Pittsburgh
Office of the Bishop
907 Middle Street
Pittsburgh, PA 15212

I authorize **Anthony Isacco PhD** to present the written Assessment report to the Bishop or Ecclesiastical Authority of the Diocese and to discuss it with the Bishop or with those whom he designates. I authorize the Bishop or Ecclesiastical Authority to disclose the written Assessment report to those involved in the application process and to discuss it with them.

I understand that the information being released is confidential and, as such, is protected by state law. Furthermore, state regulations limit any further disclosure of this information without prior written consent. I have read the above and understand the nature and use of this release, which shall be in effect from today's date until a decision is made about the status of my ordination application. If I desire to revoke it, I understand I need to submit my request in writing.

Signature of Candidate

Date

Signature of Witness

Date