



## SCR PARTICIPANT AUTHORIZATION FOR RELEASE OF INFORMATION

I, (name) \_\_\_\_\_ My Role: (pastor, etc.) \_\_\_\_\_ ,

I (spouse), \_\_\_\_\_ My Role: (if also on staff) \_\_\_\_\_ ,

authorize the appropriate representative of Shepherd's Canyon Retreat to share my name and contact information with the appropriate representatives of my denomination or network, listed in the following blank:

Regional \_\_\_\_\_ ,

National \_\_\_\_\_ ,

for the sole purpose of arranging financial assistance from them for my/our participation in Shepherd's Canyon Retreat.

This authorization is given with the understanding that personal information will be shared on a need-to-know basis, and otherwise will be kept confidential.

The above information may be exchanged orally or in writing. This authorization is given of my own free will and is in effect for 120 days from the date below. I understand that I can revoke this authorization in writing at any time.

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

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

**NOTE: For married couples, BOTH spouses must sign this release form if both are attending the retreat.**

Please indicate in writing any exceptions or changes above.

Please sign this form and send a PDF or photo of this document to: [Kevin@ShepherdsCanyonRetreat.org](mailto:Kevin@ShepherdsCanyonRetreat.org)