

Permission to Transfer Screening Information

I hereby authorize Child Evangelism Fellowship® to transfer a copy of the following screening materials:

- Confidential Screening Form
- Criminal Background Check
- Reference Information

to: Name _____
Address _____
City/State/Zip _____

I hereby release *Child Evangelism Fellowship* of all liability for the materials which I am authorizing to be transferred.

Name of Volunteer/Applicant/Employee

Date

