Northwestern Minnesota Synod
Evangelical Lutheran Church in America

Please complete and return this form when you are ready to begin a background check on a final candidate.

TO: MN Statute 604.20 Compliance Administrator
Northwestern Minnesota Synod
Concordia College
Moorhead, MN 56562
backgroundchecks@nwmnsynod.org

FROM: _____
Congregation/Parish

_____
Address, City, State, Zip

RE: MN Statute 604.20 Background Check

This signed statement verifies our request that the background check be initiated for:

Name: _____

Address: _____

Email: _____ **Phone:** _____

Position: ___ Call to congregation/parish ___ Interim

___ Synod-Authorized Minister ___ Contract for pastoral services

___ Other Position

Sign: _____
(Congregation Representative)

Print Name: _____ **Date:** ____/____/__

Email: _____ **Phone** _____