

DOCTOR OF MINISTRY m at

Erks School of Theology and I am giving your name as someone who would be willing to make an appropriate statement of reference. Please use this sheet to make a statement concerning my personal, professional, and academic qualifications for successfully completing this program. Thank you.

OPTIONAL WAIVER

IN ACCORDANCE WITH THE FAMILY EDUCATIONAL RIGHTS AND
PRIVACY ACT OF 1974, SEC. 438 (A) (A) (B) (C), I HEREBY
WAIVE MY RIGHT TO REVIEW THIS STATEMENT.

DATE _____

(SIGNATURE OF APPLICANT)

PLEASE NOTE: IF THE APPLICANT WAIVES HIS/HE