

UNITY WORLDWIDE MINISTRIES

**ETHICS REVIEW SYSTEM [ERS]**

**RELEASE OF INFORMATION FORM**

# I give permission for the Ethics Review Team in the review of:

# Reviewee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# to share with the Reviewee any information I have provided to the ERS Case Review Team concerning the Reviewee, including my original letter and complaint. I am aware that the Reviewee will also be informed that this information was relayed to the Case Review Team by me.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please complete, sign and scan the Release of Information Form, write a short synopsis of why you feel an ethics review is warranted on a separate sheet and return it as attachment**

**to:** ERS@unity.org

Or complete, sign and mail to:

 Rev. Roxanne Graves, Chief Operating Officer

 Unity Worldwide Ministries

 200 Unity Circle North, Suite A
 Lee’s Summit, MO 64086)