

TRANSFER REQUEST FORM

To be completed when a minister requests a transfer from the South Texas District to another district.

Form 12.26.02

Transferring Minister's Information

Name:			
Date of Birth:	Soc. Sec #	Phone:	
Old Address:		Section #	
City:	State:	ZIP:	
E-mail:	Fax:	Cell Phone/Pager:	
New Address:			
City:	State:	ZIP:	
License Held (check one)	<input type="checkbox"/> LOCAL	<input type="checkbox"/> GENERAL	<input type="checkbox"/> ORDAINED

Request for Transfer Statement

I hereby request that my license be transferred to the _____ District.

I hereby authorize the South Texas District to release any of my ministerial records to the above district's officials. I release the South Texas District and its officials and employees from any and all claims that may arise from the past, present, or future release of my file or information contained therein to any church official who has a need to know.

I certify that my previous contributions along with any enclosed contribution have fulfilled my financial obligation to the South Texas District.

With this signature, I attest that these statements are both true and accurate:

Minister's Signature

Today's Date

Got THE VISION?

South Texas ministers receive an automatic subscription to the Vision. If you would like to stay in touch with what's happening in South Texas, you can subscribe to an on-line version of the magazine OR you can receive this magazine in the mail.

- Please check this box if you would like to continue receiving the VISION. We will bill you at your new address.

Our district strives to improve our service to our ministers. If you have any constructive ideas on how we could serve you better, our district officials would like to hear from you. Please write your thoughts and attach it to this form. Our district officials welcome your comments.

Distribution & Actions (Office Use only)

Action	Date	Initials
<input type="checkbox"/> Mail to Minister	_____	_____
<input type="checkbox"/> Process in System	_____	_____
<input type="checkbox"/> Mail Transfer form & Request copy to District Superintendent	_____	_____
<input type="checkbox"/> Mail copy to Sectional Secretary	_____	_____
<input type="checkbox"/> File copy of Transfer Request & Transfer Form	_____	_____
<input type="checkbox"/> Alert VISION subscription liaison	_____	_____

**Please submit this form to: South Texas District UPC
P. O. Box 1367 Friendswood, Texas 77549-1367**