



Northwestern Minnesota Synod
Evangelical Lutheran Church in America
God's work. Our hands.

**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
czeh@cord.edu

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: _____

Position: ☐ Call to congregation/parish ☐ Interim
☐ Synod-Authorized Minister ☐ Contract for pastoral services
☐ Other Position _____

Sign: _____

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

Call Committee Chair _____ President _____ Other _____

Email: _____ **Phone** _____