



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 new Synod Authorized Minister.

TO: Background Check Administrator
Northwestern Minnesota Synod
Concordia College
Moorhead, MN 56562
czeh@cord.edu

FROM: _____
Congregation/Parish

Address

City, State, Zip

RE: Oxford Background Check

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

Name: _____

Address: _____

Email: _____

Sign: _____
(Congregation Representative) (Position)

Print Name: _____ **Date:** _____

Email: _____ **Phone** _____

Fee to cover background check: \$75 for part-time; \$150 for full-time.

Please enclose payment (made out to Northwestern Minnesota Synod with "Background Check" in the memo) along with this form and mail to the address below. Thank you.

Mailing Address • Northwestern Minnesota Synod • Concordia College • Moorhead, MN 56562

Physical Location • 310 14th Ave S • Moorhead, MN 56560
218-299-3019 • 800-452-3692 • www.nwmnsynod.org