



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 final candidate.**

**TO:** MN Statute 604.20 Compliance Administrator  
Northwestern Minnesota Synod  
Concordia College  
Moorhead, MN 56562  
[backgroundchecks@nwmnsynod.org](mailto:backgroundchecks@nwmnsynod.org)

**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:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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

**Sign:** \_\_\_\_\_  
(Congregation Representative)

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_