

REQUEST FORM FOR ACCESS TO AN IARP NEED-TO-KNOW REPORT

TO: General Assembly Mission Council, Executive Director
Presbyterian Church (USA)
100 Witherspoon Street
Louisville KY 40202

FROM: Name: _____
Address: _____
Telephone: _____
Email: _____

I hereby request access to the following IARP Need-to-Know Report of the Independent Abuse Review Panel (IARP):

_____ Cameroon _____ Congo _____ Thailand

This request is based upon the charge to and scope of the IARP. Need-to-Know Reports are highly confidential documents and may be provided only to such individuals who can demonstrate a persuasive interest in the inquiry conducted by the IARP. I believe I have such an interest, and that providing me a copy of the requested Need-to-Know Report will clearly further the ends for which the IARP was created, based on the following facts, circumstances, and reasons:

I understand the IARP’s Need-to-Know Report contains material and information that may be upsetting to me. I will take precautions to ensure I have reasonable support during the period when I read this report. **In light of the sensitive, private, and confidential nature of this report, I agree not to copy, share, disclose, or disseminate the report (including, but not limited to, any portions of it, comments or statements about it, or those named in it) in any manner whatsoever.**

I understand I may share the report in strict confidence with only my spouse, pastor, or professional counselor. I may be held responsible for any breaches of confidentiality committed by my spouse or pastor or professional counselor. Any breach of confidentiality by my spouse, my pastor, my professional counselor, or me could include legal and disciplinary proceedings against me.

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I understand I retain the right to share with whomever I desire my personal story and other information I have gathered myself (outside of that information I have learned in the IARP process or from the Need-to-Know Report).

Signature:

Date:

Notary:
