

Release of Information

**Mount Angel Seminary
Saint Benedict, Oregon 97373**

It is the policy at Mount Angel Seminary that all information regarding students is held in the strictest confidence by those with approved access. It is the responsibility of the President-Rector to maintain that confidence and to personally permit the release of any information as allowed through this signed form, and only then to those persons authorized below.

I, the undersigned, in light of the above guarantee, hereby grant the release of pertinent information which is or will be an official part of my personal files at Mount Angel Seminary to the following:

My Ordinary or Religious Superior and Vocation Directors

The Seminary Admissions Board and Formation Faculty

The Seminary Psychological Consultants

My Spiritual Director

Other Ecclesiastical Authority, or other persons or institutions with the need to know, as determined by the Seminary.

Information from my file may not be released to any other party without my written consent.

Applicant's Name—Please Print

Applicant's Signature

Date

Sign and mail to:

Admissions Office
Mount Angel Seminary
1 Abbey Drive
Saint Benedict, OR 97373