

# 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 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.**

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Applicant's name - PLEASE PRINT

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Applicant's Signature

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Date

**Sign and mail to:  
Admissions Office  
Mount Angel Seminary  
1 Abbey Drive  
Saint Benedict, OR 97373**