



Attestation of Truthfulness, Authorization, and Release

I, the undersigned, _____, an applicant to Mount Angel Seminary, certify that the information provided on my application form and the additional application materials are, to the best of my knowledge, true and complete and may be verified by Mount Angel Seminary. I understand that my application materials may include, but are not limited to, confidential information such as: medical records, educational records (*including transcripts*); letters of recommendation; and any other information pertinent to matters addressed in the application form and the additional application materials whether this information is provided by me or is received from another source. I further understand that these materials that are submitted will not be returned to me.

I hereby authorize Mount Angel Seminary, and its employees or agents (*including but not limited to the President-Rector of Mount Angel Seminary and his delegates*) to contact my former employers, any listed references, and any other individuals who can verify information about me. I give my permission for all contacted individuals and former employers to respond to questions pertaining to information on the application form and the additional application materials, as well as to questions about my character. Further, I release from liability all former employers or other contacted individuals for providing information to employees or agents of Mount Angel Seminary.

I authorize Mount Angel Seminary and its employees or agents to release necessary emergency contact information, including medical information that is deemed necessary, to places of employment or places I reside during my tenure as a student.

I further release Mount Angel Seminary, its employees, volunteers, agents, and all those who receive my application or the additional application materials hereunder from any and all liability arising from, or relating to, their use or dissemination of such application and the additional application materials.

I understand that the decision for me to be accepted or not to be accepted to Mount Angel Seminary will be made at the discretion of the President-Rector of Mount Angel Seminary, and that there is no obligation to report to me the reasoning behind any or all decisions regarding my application for admission. I understand that any deliberate falsification, misrepresentation, or omission of fact may be grounds for rejection of my application for admission or for removal from the Seminary if already admitted.

Finally, I swear that there is nothing in my past or current behavior that would render me a danger to minor children, vulnerable adults, or others with reference to physical or sexual abuse by me. I make this statement as a part of my application for acceptance to Mount Angel Seminary.

Signature of Applicant

Date

Print Name