



MOUNT ANGEL SEMINARY

Attestation of Truthfulness, Authorization, and Release

I, the undersigned, _____ an applicant for the priestly formation program of 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 prior or current: employment records; judicial records; criminal and sex offender background records (including fingerprints); financial records; medical records (*including personal physician's physical exam, H.I.V. and Hepatitis B test results*); *mental health records (including psychological test results)*; educational records (including transcripts); records from any (Arch)Diocese(s) or religious order(s) to whom I have previously made an application, or by whom I have previously been accepted; 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 seminarian.

I authorize Mount Angel Seminary, its employees or agents, to release the results of my application and the additional application materials to any seminary designated by the (Arch)Bishop of the (Arch)Diocese or superior of the religious order for which I am a seminarian, and to discuss my priestly formation with the officials of such seminary. I also authorize Mount Angel Seminary, and its employees or agents, to release my application and the additional application materials to any (Arch)Diocese or religious congregation to which I may, in the future, apply for formation, priesthood, diaconate, or consecrated religious life.

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 for the priestly formation program of 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 priestly formation program and or 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 into the priestly formation program for Mount Angel Seminary.

Name (*please print*)

Signature (*please sign by hand*)

Date

Rev. April 2024

