

# 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. Release of this information is permitted as allowed by law, Seminary policy, and this signed form.*

**I, the undersigned, hereby grant the release of pertinent information which is or will be part of my student files at Mount Angel Seminary to the following:**

My Ordinary or Religious Superior and Vocation Directors,

The Seminary Admissions Board, Formation Faculty, and other Seminary personnel or agents,

Seminary Psychological Consultants,

My Spiritual Director,

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

**I understand that should I apply to another program of priestly formation in the future, relevant information will be communicated to the diocesan bishop, major superior, and, if necessary, the seminary rector, who is responsible for admission.**

**Except as allowed by law and Seminary policy, information from my files 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