

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 as allowed is permitted through this signed form to the persons authorized below.

I, the undersigned, hereby grant the release of pertinent information which is or will be an official part of my personal student 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 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.

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