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Psychological # onsultants,

My Spiritual Director,

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

I also grant release to Seminary counselors, health care providers or such consultants to share with my Ordinary, Religious Superior and Vocation Director, the President-Rector or his designate, and others with the need to know as determined by the Seminary, information that would significantly affect my health and well-being, personal growth, format or vocational discernment, so that all may collaborate and work together with me in the external forum to aid my growth and development in these areas.

Release of Information

*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 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.

By signing this form, I also consent to allow Mount Angel Abbey and Seminary to use, reproduce or distribute statements I voluntarily provide, as well as photos or videos in which I appear, for purposes of Abbey and Seminary promotion whether in print, on-line or in social media.

\_\_\_\_\_  
*(please print)*

\_\_\_\_\_  
Signature *(please sign by hand)*

\_\_\_\_\_  
Date