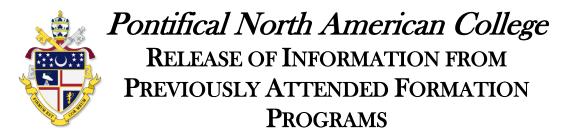
The applicant is asked to complete and sign the following release form.

Applicant's Name	(Arch)Diocese
I, the undersigned, hereby express my intention to formation at the Pontifical North American College above.	
I give permission to the Rector of the Pontifical North A College Admissions Committee, or their delegates, necessary for the consideration of my application. I u letters, and other materials obtained or submitted in su to conduct the investigation and that these documents	, to conduct whatever investigation is deemed nderstand and agree that any and all documents apport of my application will be retained and used
I understand and agree that the Rector of the Pontific divulge confidential information about me to the Re- religious order, or (arch)diocese to which I may apply in the program of priestly formation at the Pontifical N	ector or proper superior of any other seminary if I am not accepted or choose not to participate
Likewise, I understand and agree that the Rector or habout me to the Rector or proper superior of any oth which I may apply if I subsequently discontinue for at the Pontifical North American College.	ner seminary, religious order, or (arch)diocese to
Applicant's Name:	
Applicant's Signature:	
Witness' Name:	
Witness' Signature:	
Location:	
Date:	



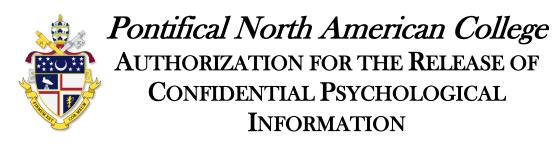
Applicant's Name	(Arch)Diocese
testify that I make this agreement of my own free wil	
With the intention of full disclosure of all information by discontinuance in the below mentioned formation contifical North American College and to the Rector is	program/s, I hereby release all information to the
urthermore, I waive all claim to the information shand/or seminary or formation personnel pertinent to the information programs.	•
	nt to acceptance as a candidate, to advancemen
astly, I understand that no individual possesses a right the seminary system, or to ordination, and that my a r by the Pontifical North American College at any time	pplication may be unilaterally terminated by mo
the seminary system, or to ordination, and that my a	pplication may be unilaterally terminated by mone.  h past affiliation(s) with a program(s) of priestly plete or intentionally misleading information or
the seminary system, or to ordination, and that my a by the Pontifical North American College at any time therefore, attest that I have accurately indicated such principles. I clearly understand that inaccurate, incoming part will provide sufficient grounds for rejection of college.	pplication may be unilaterally terminated by mone.  h past affiliation(s) with a program(s) of priestly plete or intentionally misleading information or my application to the Pontifical North American
the seminary system, or to ordination, and that my a by the Pontifical North American College at any time therefore, attest that I have accurately indicated such principles. I clearly understand that inaccurate, incoming part will provide sufficient grounds for rejection of	pplication may be unilaterally terminated by mene.  h past affiliation(s) with a program(s) of priestly plete or intentionally misleading information of my application to the Pontifical North American
the seminary system, or to ordination, and that my a by the Pontifical North American College at any tine therefore, attest that I have accurately indicated such principles. I clearly understand that inaccurate, incoming part will provide sufficient grounds for rejection of college.  ORMATION PROGRAMS ATTENDED (including current contents of the con	pplication may be unilaterally terminated by mene.  the past affiliation(s) with a program(s) of priestly plete or intentionally misleading information of my application to the Pontifical North American to the Program):  Dates Attended or Dates of
the seminary system, or to ordination, and that my a by the Pontifical North American College at any ting therefore, attest that I have accurately indicated such principles.  I clearly understand that inaccurate, incoming part will provide sufficient grounds for rejection of college.  ORMATION PROGRAMS ATTENDED (including current Institution / Diocese / Religious Community	pplication may be unilaterally terminated by me.  h past affiliation(s) with a program(s) of priestly plete or intentionally misleading information of my application to the Pontifical North American to the Program):    Dates Attended or Dates of
the seminary system, or to ordination, and that my a by the Pontifical North American College at any ting therefore, attest that I have accurately indicated such a part will provide sufficient grounds for rejection of college.  ORMATION PROGRAMS ATTENDED (including current Institution / Diocese / Religious Community  1)	pplication may be unilaterally terminated by me.  h past affiliation(s) with a program(s) of priestly plete or intentionally misleading information of my application to the Pontifical North American to the Program):    Dates Attended or Dates of
the seminary system, or to ordination, and that my a by the Pontifical North American College at any ting therefore, attest that I have accurately indicated such promation. I clearly understand that inaccurate, incoming part will provide sufficient grounds for rejection of college.  ORMATION PROGRAMS ATTENDED (including current Institution / Diocese / Religious Community  1)  2)	pplication may be unilaterally terminated by mene.  the past affiliation(s) with a program(s) of priestly plete or intentionally misleading information of my application to the Pontifical North American to the Program):  Dates Attended or Dates of



### [Not to be used for the release of psychotherapy notes]

(The following is to be completed by the applicant for physicians providing any and all medical treatment, evaluation and/or consultation and records related thereto.)

Applicant's Name	(Arch)Diocese
I, the undersigned, hereby express my intention to apply for admission to to College. To aid the Admissions Committee to assess my suita(Doctor, Pr and/or documents to the Pontifical North American College to evaluate my	ability for future priestly ministry, I do hereby authorized of confessional Names, to release any and all medical records, reports
connection therewith, I waive any privilege to the confidential nature of the c This authorization shall not extend beyond disclosing information to the professional consulted by the Admissions Committee, nor shall it be used for	ontents of the above-mentioned records, reports and/or documents ne Admissions Committee, the Rector, or his delegate, and any
If I am accepted for the program of priestly formation at the Pontifical Nor-American College, or his delegate, to share summaries of the information of documents with the seminary's Formation Committee which the Rector or process. I also authorize the Rector or his delegate to speak to the appropriate special issue which might exist.	ontained in the above-mentioned records, reports and/or his delegate consider necessary for the seminary formation
This authorization shall remain valid from the date of my signature below formation (whichever comes first).	or a period of four (4) years or the duration of my seminary
I acknowledge that I have the right to revoke this authorization, in writing, by to release the identified information; however, I understand that any actions and my revocation will not affect those actions. I understand that to the extrefers to HIV/AIDS and/or substance/alcohol abuse this authorization spe person or entity to whom this authorization is directed may not condition to not I have signed this authorization.	s already taken in reliance on this authorization cannot be reversed ent that the information authorized to be released herein relates of ecifically permits release of such information. I understand that the
Any facsimile, copy or photocopy of this authorization shall authorize you to its affiliates, and all employees, agents, contractors and officers thereof are r above information to the extent indicated and authorized herein. I certify the	released from any legal responsibility or liability for disclosure of the
Applicant's Name:	
Applicant's Signature:	
Witness' Name:	
Witness' Signature:	
Location:	
Date:	



The following is to be completed by the applicant for a psychological evaluation by a licensed psychologist or psychiatrist.

Applicant's Name	(Arch)Diocese
College. To aid the Admissions Committee to assess my	ion to the program of priestly formation at the Pontifical North American suitability for future priestly ministry, I do hereby authorize tor, Professional Names) to release any and all psychotherapy, counseling
and/or psychological notes and/or records including test results al information is authorized to evaluate my application for entrance to t and, in connection therewith, I waive any privilege to the confidential This authorization shall not extend beyond disclosing information to	bout me to the Pontifical North American College. The release of this he program of priestly formation at the Pontifical North American College nature of the contents of the above-mentioned records and/or documents to the aforementioned Admissions Committee, the Rector, or his delegate, nall it be used for any purposes other than those specifically stated herein.
American College, or his delegate, to share limited summaries of the with the Seminary's Formation Committee which the Rector or his d	cal North American College, I authorize the Rector of the Pontifical North information contained in the above-mentioned records and/or documents lelegate may consider necessary for the Seminary formation process. I also presentative of my sponsoring (arch)diocese about any special issue which
(whichever comes first). I acknowledge that I have the right to revoke	elow for a period of four (4) years or the duration of my seminary formation is this authorization, in writing, by sending written notification to the person however, I understand that any actions already taken in reliance on this chose actions.
I understand that the person or entity to whom this authorization is obenefits on whether or not I have signed this authorization.	lirected may not condition treatment, payment, enrollment or eligibility
its affiliates, and all employees, agents, contractors and officers thereo	e you to release the information described herein. The organization, facility, of are released from any legal responsibility or liability for disclosure of the ertify that I have reviewed this form and that I fully understand its contents.
Applicant's Name:	
Applicant's Signature:	
Witness' Name:	
Witness' Signature:	
Location:	
Date:	

The following is to be completed by the applicant to show his understanding and acceptance of the social media policy of the Pontifical North American College.

**CONCERNING** 

# Applicant's Name (Arch)Diocese

Seminarians and student priests are always to use prudence in the engagement of social media, and examine by whom, and how their comments or activity might be construed. Seminarians and student priests, while encouraged to use social media as a tool for evangelization and to show participation in the life of the Church and the College, are to refrain from any activity which lies outside their competence, including but not limited to, making commentary on Church teaching, on positions taken by members of the hierarchy, or by social media to link themselves to sites which are of a speculative nature.

All members of the community are reminded:

- 1. That any such use is in accordance with any and all applicable diocesan policies and procedures.
- 2. To respect the College's confidentiality and proprietary information.
- 3. To ask his formation advisor if he has any questions about what is appropriate, and keep his advisor informed of his activity on social media.
- 4. To be respectful to the College community, not making public the activity or involvement of any student, faculty member, employee, visitor or benefactor, without his or her explicit permission.
- 5. Ensure that blogging activity does not interfere with one's priestly formation. The North American College reserves the right at any time and for any reason to require that a particular contribution or post by any member of the community be removed, or that the person refrain from such activity in the future.

I certify that I have reviewed this policy and that I fully understand its contents, and agree by my free will to comply with its directives if I accept admission to the Pontifical North American College:

Applicant's Name:
Applicant's Signature:
Witness' Name:
Witness' Signature:
Location:
Date:



# Pontifical North American College ITALIAN LANGUAGE STUDY REGISTRATION

Applicant's Name		- (2	(Arch)Diocese	
Please indicate in this during the SUMME	form the address, phone num <b>R months</b> .	nber and email address <b>a</b>	t which you can be contacted	
Address				
City	State/Provin	ce Country	Zip/Post Code	
Phone		E-mail Address		
Arrival Date in Rom	e 🗖 August 21			
23 July 20	- Ingust 21			
following Language S n during the month o nsoring (arch)diocese nd after consultation	nerican College will make restaudy Programs in Italy. These September. All costs associate. To register for one of these with your Director of Vocation these language programs and	e courses are <u>in addition</u> ted with these programs programs, simply indica ons. <b>The standard arriv</b>	nto the program offered to will be billed to the seminar te which program you choo aldate for seminarians who	
□ ASSIS	I – Accademia Lingua Italian	a		