



Pontifical North American College

APPLICANT RELEASE FORM

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

CONCERNING

Applicant's Name

(Arch)Diocese

I, the undersigned, hereby express my intention to apply for admission to a program of priestly formation at the Pontifical North American College under the sponsorship of the (arch)diocese listed above.

I give permission to the Rector of the Pontifical North American College, the Pontifical North American College Admissions Committee, or their delegates, to conduct whatever investigation is deemed necessary for the consideration of my application. I understand and agree that any and all documents, letters, and other materials obtained or submitted in support of my application will be retained and used to conduct the investigation and that these documents and materials will not be returned to me.

I understand and agree that the Rector of the Pontifical North American College or his delegate may divulge confidential information about me to the Rector or proper superior of any other seminary, religious order, or (arch)diocese to which I may apply if I am not accepted or choose not to participate in the program of priestly formation at the Pontifical North American College.

Likewise, I understand and agree that the Rector or his delegate may divulge confidential information about me to the Rector or proper superior of any other seminary, religious order, or (arch)diocese to which I may apply if I subsequently discontinue for any reason in the program of priestly formation at the Pontifical North American College.

Applicant's Name: _____

Applicant's Signature: _____

Witness' Name: _____

Witness' Signature: _____

Location: _____

Date: _____



Pontifical North American College

RELEASE OF INFORMATION FROM PREVIOUSLY ATTENDED FORMATION PROGRAMS

CONCERNING

Applicant's Name

(Arch)Diocese

I testify that I make this agreement of my own free will.

With the intention of full disclosure of all information, any records or other information pertinent to my discontinuance in the below mentioned formation program/s, I hereby release all information to the Pontifical North American College and to the Rector and his delegate/s for admissions and formation.

Furthermore, I waive all claim to the information shared between bishop/s and/or religious superiors and/or seminary or formation personnel pertinent to my discontinuance in the below mentioned formation programs.

Lastly, I understand that no individual possesses a right to acceptance as a candidate, to advancement in the seminary system, or to ordination, and that my application may be unilaterally terminated by me or by the Pontifical North American College at any time.

I, therefore, attest that I have accurately indicated such past affiliation(s) with a program(s) of priestly formation. I clearly understand that inaccurate, incomplete or intentionally misleading information on my part will provide sufficient grounds for rejection of my application to the Pontifical North American College.

FORMATION PROGRAMS ATTENDED (including current Program):

Institution / Diocese / Religious Community	Dates Attended or Dates of Sponsorship
1)	
2)	
3)	
4)	
5)	

Applicant's Signature: _____ **Date:** _____



Pontifical North American College

AUTHORIZATION FOR THE RELEASE OF PROTECTED HEALTH INFORMATION

[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.)

CONCERNING

Applicant's Name

(Arch)Diocese

I, the undersigned, hereby express my intention to apply for admission to the program of priestly formation at the Pontifical North American College. To aid the Admissions Committee to assess my suitability for future priestly ministry, I do hereby authorize _____ (*Doctor, Professional Names*) to release any and all medical records, reports and/or documents to the Pontifical North American College to evaluate my application for entrance to a program for priestly formation and, in connection therewith, I waive any privilege to the confidential nature of the contents of the above-mentioned records, reports and/or documents. This authorization shall not extend beyond disclosing information to the Admissions Committee, the Rector, or his delegate, and any professional consulted by the Admissions Committee, nor shall it be used for any purposes other than those specifically stated herein.

If I am accepted for the program of priestly formation at the Pontifical North American College, I authorize the Rector of the Pontifical North American College, or his delegate, to share summaries of the information contained in the above-mentioned records, reports and/or documents with the seminary's Formation Committee which the Rector or his delegate consider necessary for the seminary formation process. I also authorize the Rector or his delegate to speak to the appropriate representative of my sponsoring (arch)diocese or about any special issue which might exist.

This authorization shall remain valid from the date of my signature below for a period of four (4) years or the duration of my seminary formation (whichever comes first).

I acknowledge that I have the right to revoke this authorization, in writing, by sending written notification to the person or organization authorized to release the identified information; however, I understand that any actions already taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions. I understand that to the extent that the information authorized to be released herein relates or refers to HIV/AIDS and/or substance/alcohol abuse this authorization specifically permits release of such information. I understand that the person or entity to whom this authorization is directed may not condition treatment, payment, enrollment or eligibility benefits on whether or not I have signed this authorization.

Any facsimile, copy or photocopy of this authorization shall authorize you to release the information described herein. The organization, facility, its affiliates, and all employees, agents, contractors and officers thereof are released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein. I certify 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: _____



Pontifical North American College

AUTHORIZATION FOR THE RELEASE OF CONFIDENTIAL PSYCHOLOGICAL INFORMATION

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

CONCERNING

Applicant's Name

(Arch)Diocese

I, the undersigned, hereby express my intention to apply for admission to the program of priestly formation at the Pontifical North American College. To aid the Admissions Committee to assess my suitability for future priestly ministry, I do hereby authorize _____ (*Doctor, Professional Names*) to release any and all psychotherapy, counseling and/or psychological notes and/or records including test results about me to the Pontifical North American College. The release of this information is authorized to evaluate my application for entrance to the program of priestly formation at the Pontifical North American College and, in connection therewith, I waive any privilege to the confidential nature of the contents of the above-mentioned records and/or documents. This authorization shall not extend beyond disclosing information to the aforementioned Admissions Committee, the Rector, or his delegate, and any professional consulted by the Admissions Committee nor shall it be used for any purposes other than those specifically stated herein.

If I am accepted for the program of priestly formation at the Pontifical North American College, I authorize the Rector of the Pontifical North American College, or his delegate, to share limited summaries of the information contained in the above-mentioned records and/or documents with the Seminary's Formation Committee which the Rector or his delegate may consider necessary for the Seminary formation process. I also authorize the Rector or his delegate to speak to the appropriate representative of my sponsoring (arch)diocese about any special issue which might exist.

This authorization shall remain valid from the date of my signature below for a period of four (4) years or the duration of my seminary formation (whichever comes first). I acknowledge that I have the right to revoke this authorization, in writing, by sending written notification to the person or organization authorized to release the identified information; however, I understand that any actions already taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions.

I understand that the person or entity to whom this authorization is directed may not condition treatment, payment, enrollment or eligibility benefits on whether or not I have signed this authorization.

Any facsimile, copy or photocopy of this authorization shall authorize you to release the information described herein. The organization, facility, its affiliates, and all employees, agents, contractors and officers thereof are released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein. I certify 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: _____



Pontifical North American College **SEMINARY SOCIAL MEDIA POLICY FORM**

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

CONCERNING

Applicant's Name

(Arch)Diocese

Please indicate in this form the address, phone number and email address **at which you can be contacted during the SUMMER months.**

Address			
City	State/Province	Country	Zip/Post Code
Phone		E-mail Address	
Arrival Date in Rome			
<input type="checkbox"/> July 22 <input type="checkbox"/> August 20			

The Pontifical North American College will make reservations for new seminarians to study Italian at one of the following Language Study Programs in Italy. These courses are in addition to the program offered to New Men during the month of September. All costs associated with these programs will be billed to the seminarian's sponsoring (arch)diocese. To register for one of these programs, simply indicate which program you choose to attend after consultation with your Director of Vocations. **The standard arrival date for seminarians who will be participating in one of these language programs as well as the approved flights are listed in the section: "Scheduling Your Flight."**

- ASSISI - Accademia Lingua Italiana
- SIENA - Institute Dante Alighieri