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# SAINT JOSEPH SEMINARY COLLEGE

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Office of Admissions | 75376 River Road Saint Benedict, LA 70457 | 985 867-2225 | 985 867-2270

## Information Release Form

I hereby authorize Saint Joseph Seminary College to release my grades, transcripts, documents, financial aid information, and any other information necessary pertaining to my enrollment at the college to my vocation director as needed.

Student's Name \_\_\_\_\_

(please print)

\_\_\_\_\_  
(signature)

Sponsoring Diocese \_\_\_\_\_

Date \_\_\_\_\_

Received by \_\_\_\_\_

Date \_\_\_\_\_

Saint Joseph Seminary College

