

Saint Joseph Seminary College

Student Name _____

Please Print

By signing this release form, you certify that you are at least 18 years of age and are competent to contract in your own name, you have read this release before signing below and fully understand the contents, meaning and impact of this release and freely consent to its contents.
If you are under 18 years of age then a parent signature is also required.

Release of Information:

I hereby authorize Saint Joseph Seminary College to release my grades, transcripts, documents, financial aid information, and any other information pertaining to my enrollment at the seminary college to my vocation director, bishop or religious superiors, my formation advisor, and any other individual as indicated below.

Authorized individuals not mentioned above:

Name _____ Relationship _____

Name _____ Relationship _____

Student Signature _____ Date _____

Parent Signature (if student under 18) _____ Date _____

Photo and Video Release:

I hereby grant permission to Saint Joseph Abbey and Seminary College to take and use my likeness in all photograph or video media in any and all of its publications, including website entries, without payment or any other consideration.

I understand and agree that these materials will become the property of the above listed agencies and organizations and will not be returned.

I hereby, irrevocably authorize the above listed agencies and organizations to edit, alter, copy, exhibit, publish or distribute this media for the purposes of publicizing their programs or for any purposes that may arise in the future so as long as it does not conflict with the moral code of the Roman Catholic Church. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or any compensation arising or related to the use of the media.

I hereby hold harmless and release and forever discharge the above listed agencies and organizations from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

Student Signature _____ Date _____

Parent Signature (if student under 18) _____ Date _____