

THE PONTIFICAL COLLEGE JOSEPHINUM – COLLEGE OF LIBERAL ARTS

COLLEGE STUDENT INFORMATION AND RELEASE FORM

Full Name:

Permanent Address:

Phone Number:

Birth Date:

Social Security Number:

Parents Name:

Home Address:

Phone Number:

Diocese:

Pastor:

Parish Name:

Name of Diocesan Newspaper:

Name of Hometown Paper:

I hereby grant permission to the Pontifical College Josephinum to release information regarding my academic progress as provided by the Family Educational Rights and Privacy Act (FERPA) and personal formation progress to the proper authorities (viz., Bishop and Director of Vocations, and faculty of the Josephinum). Educational information includes grades, academic progress and deficiencies, attendance, class schedules, financial aid, and student billing. I also grant permission to the Pontifical College Josephinum to release my motivational statement and autobiography to the formation faculty. I also, allow the academic dean and assistant academic dean access to my student academic file located in the registrar's office. This consent to release information is valid until graduation or withdrawal from the Josephinum.

Date:

Signature:

I hereby grant permission to the Office of Josephinum Advancement to use information about school activities for news releases including my picture.

Date:

Signature: