



Pontifical North American College

00120 Vatican City State

Europe

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 a program for 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 a program of priestly formation at the Pontifical North American College.

Applicant's Name: _____

Applicant's Signature: _____

Witness' Name: _____

Witness' Signature: _____

Location: _____

Date: _____



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Autobiography

The applicant is requested to write a detailed autobiography (approximately 5-8 pages in length).

It should include the following:

- brief description of his relationship with parents, family members and other people significant to him;
- experience and achievement in elementary school, high school and college;
- work experience if applicable;
- social life (including your close friendships and dating experiences);
- how personal faith has affected the lives of others (service, witness, etc.);
- relationship with God, experience in prayer and life in the Church, regularity of Mass attendance, frequency of reception of the Sacrament of Penance;
- one significant success that the applicant has experienced in his life as well as three strengths the applicant will bring to the priesthood;
- one significant failure that the applicant has experienced in his life as well as three weaknesses that the applicant may experience in the priesthood;
- the development of the applicant's vocation to the diocesan priesthood and how that vocation has been confirmed;
- applicant's experience of seminary formation thus far;
- applicant's hopes and questions about being a diocesan priest;
- brief explanation of the reasons for his confident hope that he will be able to faithfully live the life-long promises of celibacy, obedience, and prayer.

*Applicants are reminded that they bear the burden of qualification for admission to the seminary. The autobiography should contain a frank presentation of the above discussion items. Failure to adequately respond to any of the above items may delay or halt the application process.



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Pastor's Letter of Recommendation

(This page is to be given to the home pastor whom the applicant has asked to write a letter of recommendation.)

Concerning

Applicant's Name

(Arch)Diocese

The letter of recommendation should address the following:

- How long have you known the applicant?
- How well have you known him?
- How well do you know his family?
- In what kinds of parish activities has he been involved?

- What do you consider to be the applicant's assets, skills, talents, interests, personal qualities?
- What do you consider to be the applicant's significant limitations – physical, mental, social, emotional?

- In your opinion, how would you assess the applicant's character and level of maturity?
- What is his reputation in the parish and local community?
- How would you evaluate his capacity and preparedness to embrace a life of celibacy?

Please give your letter either to the applicant in a sealed envelope or to the Diocesan Vocation Director to be forwarded to the Pontifical North American College. This letter will be included in the seminarian's application portfolio.



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Rector's Letter of Recommendation

(This letter of recommendation is to be written by the Rector of the current or last seminary the applicant has attended prior to this application to the Pontifical North American College.)

Concerning

Applicant's Name

(Arch)Diocese

The letter of recommendation should address the following:

- How long have you known the applicant?
- What do you consider to be the applicant's assets, skills, talents, interests, personal qualities?
- What do you consider to be the applicant's significant limitations – physical, mental, social, emotional?
- In your opinion, how would you assess the applicant's character, level of maturity and his ability to adapt to new situations and a foreign culture?
- Describe his relationship skills?
- How would you rate his intellectual capabilities and his facility with languages?
- In what ways has he shown leadership abilities in the seminary?
- How would you evaluate his capacity and preparedness to embrace a life of celibacy?

Please send your letter, along with the applicant's Final Seminary Evaluation, directly to the applicant's Diocesan Vocation Director to be forwarded to the Pontifical North American College. This letter will be included in the seminarian's application portfolio.



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Teacher or Formator's Letter of Recommendation

(This letter of recommendation is to be written by a teacher or seminary faculty member who is not a Spiritual Director, former or present, of the applicant.)

Concerning

Applicant's Name

(Arch)Diocese

The letter of recommendation should address the following:

- How long have you known the applicant?
- How well have you known him?

- What do you consider to be the applicant's assets, skills, talents, interests, personal qualities?
- What do you consider to be the applicant's significant limitations – physical, mental, social, emotional?

- In your opinion, how would you assess the applicant's character, level of maturity and his ability to adapt to new situations and a foreign culture?
- How would you rate his intellectual abilities for philosophical thought and theological reflection, as well as his facility with languages?

Please give your letter either to the applicant in a sealed envelope or to the Diocesan Vocation Director to be forwarded to the Pontifical North American College. This letter will be included in the seminarian's application portfolio.



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Medical History and Physician's Report

(Applicant completes pages 1-to-3 before taking this form to physician)

Last Name	First Name	Middle Initial
Sponsoring Diocese		Social Security Number
Medical Insurance Provider		Policy Number
Type / Nature of Policy		Date of Expiration (MM/DD/YY)

Personal Medical Background

1) Have you ever been hospitalized or had surgery? Yes No If YES, list the following:

Reason for Hospitalization	Year
Type of Surgery	Year

2) Have you ever been in a serious accident? Yes No

If YES, give the date and describe the medical findings:

--

3) Have you ever had an allergic reaction to any medication(s)? Yes No

If YES, please list the generic name of the medication(s) and its purpose:

--

4) Do you take any medication(s) regularly? Yes No

If YES, please list the generic name of the medication(s) and its purpose:

5) Do you have allergies (seasonal, food, bee sting, other)? Yes No

If YES, please describe:

PERSONAL HISTORY

6) Please answer all questions. Add applicable comments on all YES answers on a supplemental sheet.

Have you had:	Yes	No	Age	Have you had:	Yes	No	Age
Scarlet Fever	<input type="checkbox"/>	<input type="checkbox"/>	___	Hypoglycemia	<input type="checkbox"/>	<input type="checkbox"/>	___
Frequent Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	___	Measles	<input type="checkbox"/>	<input type="checkbox"/>	___
Albumin / Sugar in Urine	<input type="checkbox"/>	<input type="checkbox"/>	___	Depression	<input type="checkbox"/>	<input type="checkbox"/>	___
German Measles	<input type="checkbox"/>	<input type="checkbox"/>	___	Skin Rashes / Sores	<input type="checkbox"/>	<input type="checkbox"/>	___
Obsessive Compulsive Disorder	<input type="checkbox"/>	<input type="checkbox"/>	___	Mumps	<input type="checkbox"/>	<input type="checkbox"/>	___
Eczema	<input type="checkbox"/>	<input type="checkbox"/>	___	Frequent Nausea / Vomiting	<input type="checkbox"/>	<input type="checkbox"/>	___
Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>	___	Psoriasis	<input type="checkbox"/>	<input type="checkbox"/>	___
Stomach / Intestinal Problem	<input type="checkbox"/>	<input type="checkbox"/>	___	Infectious Mononucleosis	<input type="checkbox"/>	<input type="checkbox"/>	___
High or Low Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	___	Hernia	<input type="checkbox"/>	<input type="checkbox"/>	___
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	___	Elevated Cholesterol Level	<input type="checkbox"/>	<input type="checkbox"/>	___
Rectal Problem / Hemorrhoids	<input type="checkbox"/>	<input type="checkbox"/>	___	Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>	___
Gallbladder Disease / Gallstone	<input type="checkbox"/>	<input type="checkbox"/>	___	Heart Murmur	<input type="checkbox"/>	<input type="checkbox"/>	___
Jaundice	<input type="checkbox"/>	<input type="checkbox"/>	___	Pain / Pressure in Chest	<input type="checkbox"/>	<input type="checkbox"/>	___
Recurrent Urinary Infection	<input type="checkbox"/>	<input type="checkbox"/>	___	Shortness of Breath	<input type="checkbox"/>	<input type="checkbox"/>	___
Prostatitis / Epididymitis	<input type="checkbox"/>	<input type="checkbox"/>	___	Palpitations (Heart)	<input type="checkbox"/>	<input type="checkbox"/>	___
Kidney Stones	<input type="checkbox"/>	<input type="checkbox"/>	___	Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	___
Chronic Cough	<input type="checkbox"/>	<input type="checkbox"/>	___	Varicose Veins	<input type="checkbox"/>	<input type="checkbox"/>	___
Frequent Urination	<input type="checkbox"/>	<input type="checkbox"/>	___	Recurrent Colds	<input type="checkbox"/>	<input type="checkbox"/>	___
Neuritis / Neuralgia	<input type="checkbox"/>	<input type="checkbox"/>	___	"Trick" Knee, Shoulder	<input type="checkbox"/>	<input type="checkbox"/>	___
Recurrent Sinus Infections	<input type="checkbox"/>	<input type="checkbox"/>	___	Recurrent Headaches	<input type="checkbox"/>	<input type="checkbox"/>	___
Arthritis / Arthralgia	<input type="checkbox"/>	<input type="checkbox"/>	___	Deviated Septum	<input type="checkbox"/>	<input type="checkbox"/>	___
Migraine Headaches	<input type="checkbox"/>	<input type="checkbox"/>	___	Bursitis	<input type="checkbox"/>	<input type="checkbox"/>	___
Peptic Ulcer	<input type="checkbox"/>	<input type="checkbox"/>	___	Back Problems	<input type="checkbox"/>	<input type="checkbox"/>	___
Seizure Disorder	<input type="checkbox"/>	<input type="checkbox"/>	___	Tumor, Cyst	<input type="checkbox"/>	<input type="checkbox"/>	___
Hearing Problem	<input type="checkbox"/>	<input type="checkbox"/>	___	Dyslexia	<input type="checkbox"/>	<input type="checkbox"/>	___
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	___	Frequent Ear Infections	<input type="checkbox"/>	<input type="checkbox"/>	___
ADD / ADHD	<input type="checkbox"/>	<input type="checkbox"/>	___	Anemia	<input type="checkbox"/>	<input type="checkbox"/>	___
Hoarseness	<input type="checkbox"/>	<input type="checkbox"/>	___	Immune Deficiency	<input type="checkbox"/>	<input type="checkbox"/>	___
Fevers / Sweats	<input type="checkbox"/>	<input type="checkbox"/>	___	Tics	<input type="checkbox"/>	<input type="checkbox"/>	___
Other Blood Disorder	<input type="checkbox"/>	<input type="checkbox"/>	___	Weight Loss / Gain	<input type="checkbox"/>	<input type="checkbox"/>	___
Weakness / Paralysis	<input type="checkbox"/>	<input type="checkbox"/>	___	Dizziness / Fainting	<input type="checkbox"/>	<input type="checkbox"/>	___
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	___	Insomnia	<input type="checkbox"/>	<input type="checkbox"/>	___
Appendectomy	<input type="checkbox"/>	<input type="checkbox"/>	___	Tonsillectomy / Adenoidectomy	<input type="checkbox"/>	<input type="checkbox"/>	___
Hernia Repair	<input type="checkbox"/>	<input type="checkbox"/>	___	Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	___
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	___	Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	___
Head Injuries with Unconsciousness	<input type="checkbox"/>	<input type="checkbox"/>	___				

7) Do you wear corrective lenses? Yes No

If YES, please indicate prescription:		
Left	Right	Date of Last Vision Exam (MM/YY)

8) Have you ever received blood transfusions or blood products? Yes No

If YES, please explain:

9) Are you currently taking any medications? (Include any over-the-counter medications)

Check conditions and indicate medications:

Allergies <input type="checkbox"/>	Cough <input type="checkbox"/>	Headaches <input type="checkbox"/>	Neurological Disorder <input type="checkbox"/>
Colds <input type="checkbox"/>	Diabetes <input type="checkbox"/>	Indigestion <input type="checkbox"/>	ADD <input type="checkbox"/>
Constipation <input type="checkbox"/>	Seizure Disorder <input type="checkbox"/>	Insomnia <input type="checkbox"/>	Depression <input type="checkbox"/>
Medications used regularly:		Medications used occasionally:	

Immunizations

	Date (MM/YY)		Date (MM/YY)
Small Pox <input type="checkbox"/> Yes <input type="checkbox"/> No		Tetanus <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cholera <input type="checkbox"/> Yes <input type="checkbox"/> No		Poliomyelitis <input type="checkbox"/> Yes <input type="checkbox"/> No	
Typhoid <input type="checkbox"/> Yes <input type="checkbox"/> No		Tuberculin Test <input type="checkbox"/> Yes <input type="checkbox"/> No	

Family History

	Age	State of Health	Occupation	Cause of Death (if applicable)
Father				
Mother				
Brothers:				
Sisters:				

Have any of your relatives ever had:	Yes	No	Relationship	Have any of your relatives ever had:	Yes	No	Relationship
<i>Tuberculosis</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<i>Cancer</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<i>Diabetes</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<i>Asthma</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<i>Kidney Disease</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<i>High Blood Pressure</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<i>Heart Disease</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<i>High Cholesterol</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<i>Arthritis</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<i>Stroke</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<i>Stomach Disease</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<i>Schizophrenia / Psychosis</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<i>ADD/ADHD</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____				

Physical Examination

Examining Physician: Please review the applicant's history and complete the following pages.

Please comment on all positive answers and indicate the following:

O=Negative N=Normal X=Not Examined

GENERAL COMMENTS:

Heart

Blood Pressure		Heart Rate		Heart Rhythm	
----------------	--	------------	--	--------------	--

Eyes

	Near	Distant
Uncorrected Vision		
Corrected vision		
Other comments regarding vision:		

Ears	
Nose	
Throat	
Face	
Mouth	
Chest (Excursions)	
Neck	
Heart	
Skin	
Abdomen, Inguinal, Femoral	
Hernia	
Back and Spine	
Arms	
Legs	
Neuromuscular	
Genitourinary	
Rectal	
Prostate	
Genitalia	
Musculoskeletal	
Metabolic/Endocrine	
Neuro-psychiatric	
Gastrointestinal	
Hearing	

Height (inches)		Weight (pounds)		Overweight		Underweight	
--------------------	--	--------------------	--	------------	--	-------------	--

Recommendations for physical activity (PE, intramurals, sports):

Unlimited		Limited	
Please explain:			

Do you have any recommendations regarding the care of this student? Yes No

Please explain:

Is the applicant now under treatment for any medical or emotional condition? Yes No

Please explain:

Is there loss or seriously impaired function of any organ? Yes No

Please explain:

Laboratory Analysis

The following laboratory work needs to be completed. * Please attach a copy of the lab results. Also, you are asked to indicate and explain the significance of the results in the space provided..

CBC	
Chemistry Profile (e.g. SMA)	
Syphilis Serology	
HIV Antibody	
Urinalysis	

Additional Remarks or Comments by examining Physician

Patient's Present Health Condition:

--

Are there any restrictions to medicines, diet, and physical exercise? Yes No

If YES, please explain:

--

Does the applicant's past medical history indicate anything significant in view of his expected living and studying in Rome over the next few years? Yes No

If YES, please explain:

--

Physician's Information

Name (please print)		Telephone	
Address			
City	State/Province	Country	Zip/Post Code

Physician's Signature _____ Date _____



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Academic Transcripts and Loan Deferment Instructions

Academic Transcripts

The applicant must submit **two (2) original final transcripts from every college or university attended**. These transcripts must list **all** the courses and credits the applicant has completed in philosophy, theology, Latin and Greek while in college and, where applicable, pre-theology and theology formation programs and show that he has received a bachelor's degree in some field of study. In addition, he must also submit **two (2) official copies of his high school transcripts** as all of these are now necessary for registration in the Roman universities.

The pontifical Roman universities expect a seminarian beginning Theology to have completed two years of philosophical studies or the equivalent. In point of fact, this means that the seminarian is presumed to have earned at least thirty (30) credit hours in these **ten specific areas** of philosophy:

- Ancient Philosophy
- Medieval Philosophy
- Modern Philosophy
- Contemporary Philosophy
- Logic
- Ethics
- Epistemology/Philosophy of Knowledge
- Natural Theology/Philosophy of God
- Anthropology/Philosophy of the Human Person
- Metaphysics/Philosophy of Being

Please note: If any course title on the applicant's transcript does not clearly indicate that the given course corresponds to one or another of the above specific areas of philosophy, a *course description* **must** be submitted with the transcript. **If a complete official transcript will not be available until after graduation, please submit a current photocopy with the application, then two (2) final original transcripts must be sent to the Director of Admissions at the Pontifical North American College no later than August 1, 2010.**

Deferment Forms

If an applicant has had a student loan, he may be eligible to defer payment on the loan. It is the applicant's obligation to contact the school or agency which granted the loan to obtain deferment forms. This should be done prior to arriving in Rome. The forms should be completed by the applicant and brought to the Economato's Office. This office will review the materials and provide the necessary certification.



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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) for 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 Previously Attended:

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

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



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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 a 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 a 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 until _____.

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.

(continued)

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: _____



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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 a 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 a program for priestly formation at the Pontifical North American College, 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 a 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.

(continued)

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: _____