

United Lutheran Seminary
AUTHORIZATION FOR RELEASE

Name: _____

ACADEMIC RECORDS

As a student of the United Lutheran Seminary, I acknowledge that materials will be accumulated that relate to my financial aid, academic work, and contextual ministry experiences. Such records include, but may not be limited to application materials, registration forms, narrative descriptive reports, grades, evaluative summaries of contextual education experiences, essays for candidacy, and financial aid information.

I authorize the release of relevant information to:

- any member of the Seminary Faculty
- ecclesiastical authorities (e.g., synod officials, candidacy committees)
- persons, institutions, or consultants with responsibilities concerning scholarships, loans, or other financial matters

I understand that grade reports and narrative descriptive reports will automatically be sent each semester by the Registrar to the appropriate ecclesiastical authority having supervision over or responsibility for my preparation for ministry. I understand that any information will be transmitted as confidential communication to be used in the best interests of all concerned. I understand that permission for release of academic records expires upon my graduation, withdrawal or dismissal from Seminary.

PUBLICITY INFORMATION

I authorize the use of personal information about me and/or my family in publications of the seminary, including dates of study, degree, synod, home congregation, age, employment history, photographs, video images, audio recordings, and statements made in an interview setting or in the context of scheduled seminary events and seminary activity.

Signature

7/1/17

Date