



(907) 486-3524
fax (907) 486-5935
www.sthermanseminary.org

BACKGROUND INVESTIGATION CONSENT

I, _____, hereby authorize St. Herman's Theological Seminary and/or its agents to make an independent investigation of my background (references, past employment, education, criminal or police records), including those maintained by both public and private organizations and all public records, for the purpose of confirming the information contained on my application for admission or employment and/or obtaining other information that may be material to my qualification for seminary enrollment, employment, and/or volunteer service, both now and , if applicable, during the tenure of my affiliation with St. Herman's Seminary.

I release St. Herman's Theological Seminary and/or its agents and any person or entity providing information pursuant to this authorization from any and all liabilities, claims, or law suits in regard to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name, and all information is true, complete and correct to the best of my knowledge:

Full printed name

Other names used

Present street address

City/County/State/Zip

How long?

Most recent prior street address

City/County or Borough/State/Zip

How long?

Country of citizenship

Date of birth

Social Security number

Driver's license number and state

Signature: _____

Date: _____



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Recommendation of Pastor

Instructions for the Applicant

Please fill out this section and give this form to your parish priest or another clergyman who knows you well and can comment on your character and your preparedness for seminary studies.

Applicant's Name: (please print or type) _____
Last First Middle initial

Under the Family Education Rights and Privacy Act of 1974 (Buckley Amendment), which gives students the right to inspect and review their educational records, students may waive their right to see specific confidential statements and letters of recommendation. In the belief that all concerned may wish to preserve the confidentiality of such evaluations, we are giving you an opportunity to sign one of the following statements:

I waive my right to examine this form. _____
Applicant's Signature Date

I do not waive my right to examine this form. _____
Applicant's Signature Date

To the Priest:

The person named above is applying for admission to St. Herman's Theological Seminary. You have been chosen by this applicant to supply one of the references required as part of the application process. The admissions committee appreciates your help in determining this candidate's ability to participate in the seminary's intense life of worship, service and theological studies. Please be frank in your comments, providing any insights you might have into this candidate's character, level of maturity, and/or abilities. Please reference any alcohol or substance abuse issues the applicant may have had, and any indication of addictive behavior. Thank you for your assistance.

How long have you known the applicant? _____

How well do you know the applicant? _____

In what capacity have you been associated with the applicant? _____

Your Name: (*please print*) _____ Title: _____

Parish/Church: _____ Phone: _____

Address: _____

Signature: _____ Date: _____



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Blessing of Hierarchy

Office of the Diocese of Alaska: (907) 677-0224

Instructions for the Applicant

After filling out this section, contact your hierarchy to let him know that you would like his blessing to attend seminary. We recommend that you ask your hierarchy to complete this form, and that you also include a stamped, addressed envelope.

Applicant's Name: (please print or type) _____
Last First Middle initial

Home Parish: _____

Under the Family Education Rights and Privacy Act of 1974 (Buckley Amendment), which gives students the right to inspect and review their educational records, students may waive their right to see specific confidential statements and letters of recommendation. In the belief that all concerned may wish to preserve the confidentiality of such evaluations, we are giving you an opportunity to sign one of the following statements:

I waive my right to examine this form. _____
Applicant's Signature Date

I do not waive my right to examine this form. _____
Applicant's Signature Date

To the Hierarchy:

The person named above is applying for admission to St. Herman's Theological Seminary. It is our policy that applicants must secure a hierarchical blessing before beginning seminary studies.

Please indicate your response to this applicant's desire to begin seminary

- studies: He/she: has my blessing.
 has my conditional blessing. (Please explain)
 does not have my blessing.

Hierarchy's Signature

Date

If you would like to share with us your overall impression of this applicant's character, with particular consideration of his/her capability to engage in theological studies and to serve as a leader in the Church, please use the reverse of this form, attaching additional sheets if necessary.

When completed, please mail this form directly
to:

The Dean of Admissions, St. Herman's Theological