

SEMINARY OF CHRIST THE KING

PRIVACY FORM (STUDENT)

SEMINARY OF CHRIST THE KING • PO Box 3310 • MISSION, BC • V2V 4J5 • PHONE: 604-826-8715 • FAX: 604-826-8725

High School admissions prescreening request and authorization

Part A TO BE COMPLETED BY APPLYING STUDENT

Surname	Full given names	Given name normally used	Birth date (y/m/d)
Home mailing address		Telephone Number:	
		HOME:	
		Email address:	

Part B PARTICULARS OF THE AGREEMENT

Originator's name and address: Father Peter Nygren osb Seminary of Christ the King Mission, B.C., V2V 4J5	Telephone: 604 826 8715	Facsimile: 604 826 8725
	Email address: rector@sck.ca	

Part C Assessment and CONSENT

NOTE: Unless cancelled in writing by the applicant, this consent form shall be valid for conducting the specified checks including subsequent updating requirements of the Seminary admissions committee, as well as subsequent personal correspondence with the seminary and published material by or concerning the said applicant.

I, the undersigned, do hereby consent to the disclosure and retention of the following information and its subsequent verification.

Individual's signature

Date

	Information	Individual's Initials	Rector's Initials		Information	Individual's Initials	Rector's Initials
1	Date of Birth			6	Confirmation Certificate		
2	Address			7	Parent's Marriage Certificate		
3	Education			8	Medical examination		
4	References/Personal Character			9	Personal correspondence sent seminary		
5	Baptismal Certificate			10	Published material by or concerning		

I, the undersigned, as the authorized official, do hereby certify that the above information has been verified.

Name of High School Rector
Father Peter Nygren osb

Date