



*Office of Vocations*

## **PSYCHOLOGICAL EVALUATION RELEASE FORM**

To the Director of Vocations of the Archdiocese of Portland in Oregon:

In support of my application for admission, to the Archdiocese of Portland in Oregon, I agree to submit to a psychological evaluation by a professionally qualified person chosen by the Archdiocese of Portland and agree if requested, to submit to such future evaluations during my stay in the Archdiocese of Portland in Oregon.

I understand that this evaluation has a particular necessity because I aspire to be a priest and personal aptitudes must be measured to determine my qualifications for the diverse responsibilities of that vocation.

I also understand that this psychological report will be a confidential communication to the Director of Vocations and the Ordinary of the Archdiocese and/or his delegate, and will not be exhibited to anyone, including me or my family. I waive all rights to examine the report, but may exercise my right to subsequent discussion with the professionally qualified person chosen.

It is understood, of course, that for the examination to be of any use, the Director of Vocations must discuss with the Archdiocesan Seminarian Admissions Board my profile and share as he sees necessary from the report, and this has my approval.

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Name

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Signature

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Date