



*Rooted in Grace for a Lifetime of Ministry*

## Signature Form

(required for Application for Admission)

I affirm that the information supplied in this application is true and accurate to the best of my knowledge. I authorize the appropriate representatives of Covenant Seminary, upon my enrollment, to release information concerning my educational progress, grades, spiritual or professional development, and personal conduct or background, including records or information regarding my physical or psychological treatment by any seminary personnel or other outside professional, to any public, private, or ecclesiastical organization or sponsor(s) for purposes of spiritual advisement, personal recommendation, service in the Church, or professional placement. I have also requested and/or received the most recent seminary catalog and understand that I am responsible for information contained in it.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

Name of Applicant (printed clearly): \_\_\_\_\_