

## Consent to Release Psychological Results Divine Word College, Epworth, Iowa

By signing this release form, I give permission for the results of my psychological testing to be released to the following persons:

1. The Dean of Students at Divine Word College (DWC) and at his discretion to members of the formation team.
2. *In the event of my application to novitiate*, I give permission for the Dean of Students at DWC to forward the results to the Provincial and his council, and to the Novice Director and his formation team.
3. *In the event of my continuing formation after novitiate*, I give permission to the Novice Director to forward the results to the Director of Formation at Divine Word Theologate and/or the Director of Brother Formation as appropriate, and at their discretion to the members of their formation teams.

Any other sharing of results requires an additional Release of Information.

I understand that these results will include a summary indicating my overall psychological health, any significant liabilities suggested by my psychosexual history and any areas of growth that should be addressed during my remaining years of initial formation in the Society of the Divine Word.

- ***During my initial formation*** any copies of the results will be kept in sealed envelopes in a confidential file with access limited to those persons named above.
- ***Upon completion of my initial formation*** all copies should be destroyed in a timely manner.
- ***In the event I leave initial formation*** before completion, any copies may be held for up to two years, and then should be destroyed in a timely manner.

A record of the psychological testing, including date, name and address of the licensed psychologist (or other licensed mental health professional), type of testing, and a brief factual summary of the outcome will be retained in my personnel file.

Name: \_\_\_\_\_  
(please print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_