

Please return this form with all necessary signatures to the Office of Academic Affairs (W-121) or [academicaffairs@mtso.edu](mailto:academicaffairs@mtso.edu).



## DENOMINATIONAL RELEASE OF INFORMATION

Occasionally denominational bodies will ask us for an updated list of current students with their contact information. By completing this release form, you can be assured that we will include your information when requested.

I, \_\_\_\_\_ (Print Full Name)

a student at Methodist Theological School in Ohio, do hereby grant that as long as I am a student, MTSO officials may disclose my ecclesiastical, denominational, and/or judicatory affiliation at their discretion. I understand that this includes release of my directory information to representatives from my denomination, if requested by such representatives.

Denomination \_\_\_\_\_

Conference/Judicatory \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(electronic signature will be accepted if sent from your mtso.edu email address)