



KINO
CATECHETICAL INSTITUTE

Emergency Contact/Student Information Release

Student's Name: _____

Emergency Contact Information

Name: _____ Relationship: _____

Daytime Phone: _____ Alternate Phone: _____

Student Information Release

- ☐ **I AGREE** to share my name, phone number, and e-mail address with Kino Catechetical Institute Instructors.
- ☐ **I DO NOT AGREE** to share my name, phone number and e-mail address with Kino Catechetical Institute Instructors.

Deacon Inquirers

- ☐ **I AGREE** to share my contact information, grades, and/or transcripts with the Diaconate Office of the Diocese of Phoenix.
- ☐ **I DO NOT** agree to share my contact information, grades, and/or transcripts with the Diaconate Office of the Diocese of Phoenix.

Signature

Date