This form may not be altered

Primary parish/school location:

Authorization for Release of Information

All employees/volunteers in the Catholic Diocese of Fort Worth (hereinafter "Diocese") must satisfactorily pass a thorough background check as a condition of employment or service. You must complete and sign this Authorization for the Diocese to perform the background check, investigative background check, credit check, and/or driving check.

Complete this form with the requested information, including your name as it appears on your government issued identification card, such as your Driver's License or Passport. This form may not be altered.

	•										
Last Name	Middle Nan	ne	First Na	me		Suffix	Other Names	Sex			
Maiden Name	Birth Date	 -	SSN			Email A	ddress	Phone			
	(MM/DD/YYY	Y)	(required only if	employe	e)						
Provide home addresses for the past seven years, most recent first: (Use back of this form if necessary)											
Street, Apt. #		City		State	Zip	Zip	County	# of years a this location			
						50					
CRIMINAL HISTORY: TH	IIS INFORMAT	ON WIL	L BE VERIFIE	<u>D</u>							
Have you ever been convicted of a felon			?			□No	□Yes				
Have you ever entered a plea of "Guilty						□No	□Yes				
Have you ever entered a plea of "No Co				?		□No	□Yes				
Have you ever be					lony?	□No	□Yes				
Please discuss with you could call into question you persons. If you answered	ur being trusted	with the	supervision, gu	ıidance	, educ	ation and/o	r care of childre	n and young			

Federal Law provides the legal authority for an individual to authorize an extensive background check.

- I understand the Diocese may request information concerning criminal, work, and volunteer history from various public and private sources and from one or more consumer reporting agencies.
- I understand any such investigative report could include information as to my character, work habits, performance, and experience, along with reasons for termination of employment and/or volunteer assignments.
- I understand that the Diocese may request and obtain a driving record and/or credit check from one or more consumer reporting agencies.
- I understand information may be obtained from sources indicated above and will be reviewed by Diocesan officials in strictest confidence and may not be revealed to me or anyone except as required by law.
- I understand false statements and/or omissions regarding past conduct and/or present situations may be grounds for denial of employment and/or volunteer services, or immediate dismissal.
- I understand this authorization and release is valid and may continue to be used as long as I am in service to the Diocese and that if I rescind said authorization I will immediately cease to be of service.
- I understand I am entitled, upon request, to receive additional information as is available concerning the nature and scope of any information requested.
- I understand I am entitled to a copy of the consumer report obtained if information from the report will be used in making an adverse decision concerning my employment or service to the Diocese.
- I acknowledge that any photographic or electronically scanned copies of this release authorization shall be as valid as the original.

By my signature below, I hereby

- Attest and affirm that nothing in my background should prevent me from serving in the Diocese.
- Understand that the Diocese reserves the right to modify the aforementioned policy terms/conditions at any time without notice.
- Give permission to the Diocese to conduct and re-conduct criminal background checks, arrest record checks, abuse registry checks, employment checks, volunteer service checks, credit checks and driving record checks.
- Authorize all previous employers, law enforcement agencies, administrators, state agencies, institutions, information service, consumer reporting agencies, and other public or private entities which may possess the above-mentioned information to furnish such information about me to the Diocese.
- Release the Diocese, its parishes, its schools, agents, and all persons, agencies, and entities providing
 information or reports about me, from any and all liability arising out of the request for and use of the
 above-mentioned information or reports for its intended purpose as described above.
- Acknowledge that I have received a copy of the Fair Credit Reporting Act Background Check Disclosure and the Summary of Rights Under the Fair Credit Reporting Act.

Signature	Driver's License #		piration
	(Required: Driver's Lic. #, St	tate, & Exp. Dte.)	date
Parent/Guardian Acknowled Investigation/Check, Motor as the parent/guardian of ackground check(s) in the process for a making a determination as to the applicant ackground checks of the minor to be con	, a minor, I pplication for seminary sponsort's eligibility, and I hereby provi	understand the purship is to assist the	ck rpose of e Dioces
Printed name of parent/guardian		ationship to minor	
Signature of parent/guardian		Date	