

AUTHORIZATION & DISCLOSURE FOR BACKGROUND CHECK

I have read the attached Archdiocesan Policy on Background Checks and "A Summary of Your Rights Under the Fair Credit Reporting Act," understand my rights as outlined in that document and, in connection with my ministry to children or youth in the Archdiocese of New York, authorize the agency where I am applying or currently serve in the Archdiocese, its affiliates and agents, and Catholic Mutual Group and its independent contractor, ChoicePoint Service Inc. (hereafter referred to as "ChoicePoint"), to make the following background checks only:

1. Verification of Social Security Number
2. National Criminal File Search
3. State Sexual Offender Search

ChoicePoint will not do any other background checks, reports or investigations of any kind, except those listed immediately above.

Further, the information received from ChoicePoint through the above-authorized background checks is strictly confidential and will not be released except to the personnel specified in the attached Archdiocesan Policy on Background Checks. Unless I so authorize in writing, ChoicePoint will not sell, broker, or otherwise distribute the information it generates from the background checks listed immediately above.

Law enforcement, judicial, and governmental agencies are authorized to release all written information about me in connection with the above-authorized background checks. To the extent permitted by law I release all individuals, companies, corporations and agencies from any and all liability, claims, and or damages relating to the above-authorized background checks.

The following information is true and correct to the best of my knowledge: (PLEASE PRINT CLEARLY)

Name: _____
First
Middle
Last

If your use of any other name, nickname, or assumed name is necessary to complete a background check, please list the name(s) here:

- Employee
 Volunteer
(Must check ONE box)

Current Address:

 Number & Street (No PO Boxes)
 City
State
Zip
Years at address

Prior Address:

 Number & Street (No PO Boxes)
 City
State
Zip
Years at address

Date of Birth*

____/____/____
Month
Day
Year

*This information is voluntary and is used for identification purposes only. In no way is it used as a qualification for employment or volunteer service.

Social Security #: _____

Daytime Telephone Number: _____
Area Code
Number

Signature: _____ Date: _____

For Office Use Only

Received SEP: ____/____/____

Entry date: ____/____/____

Accounts: