## Diocese of Fort Worth Authorization for Release of Information

background check as a perform this check. <b>D</b>	a condition of their servi o not alter this form i	ese of Fort Worth (the "loce. You must complete and any way. Any alteration sued identification card, of	and sign tons could	his forn result	n to authori: in disqualifi	ze the Dic cation. C	cese to	
First Name	Middle Name	Last Name	s	Suffix Other N		ames Sex		
Maiden Name	Birth Date (MM/DD/YYYY)	SSN (required only if employee)	Drivers Lice	ense #	State	e Exp. Date		
Provide home addresses for the past seven years, most recent first: (Use back of this form if necessary)								
Street, Apt. #		City	State		Zip		County	
CRIMINAL HISTORY: THIS INFORMATION WILL BE VERIFIED								
	r been convicted of a fe			□No		'es		
	r entered a plea of "Guil			□No		'es		
Have you eve		□No		'es				
Have you ever been placed on a "Deferred Adjudication" to a felony? □No □Yes								
Please discuss with your pastor/Supervisor any circumstance or fact about you or your background that								
could call into question your being trusted with the supervision, guidance, education and/or care of children and								
young persons. If you answered "Yes" to any of the above questions, or if there is anything in your background								
that needs clarification, please explain: (use back of this form if necessary)								

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

- I understand that 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 that 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 information may be obtained from sources indicated above and that this information will be reviewed by Diocesan officials in strictest confidence and not revealed to me or anyone except as required by law.
- I understand that false statements and/or omissions regarding past conduct and/or present situations may be grounds for denial of employment and/or volunteer services.
- I understand that 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 it I will immediately cease to be of service.
- I understand that I am entitled, upon request, to receive additional information concerning the nature and scope of any information requested.
- I understand that I am also 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 further acknowledge that a telephone facsimile (FAX), photographic, or electronically scanned copy of this release authorization shall be as valid as the original.

## By my signature below, I hereby

- Believe and affirm that nothing in my background should prevent me from serving in the Diocese;
- Give permission to the Diocese to conduct and re-conduct criminal background checks, arrest record checks, abuse registry checks, employment checks and volunteer service 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 to the Diocese; and
- Release the Diocese, its parishes, its school, its 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

Signature	Date