

**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: Verification of Social Security Number; National Criminal File Search; and State Sexual Offender Search. **ChoicePoint will do no other 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]**

Parish/Institution Name: St Paul’s Church Institution #: 417

Parish/Institution Address: Lake Road, Congers, NY 10920

Program you will be serving (e.g., School, Parish, Religious Education): CYO

Position (e.g., Teacher, Catechist, Sports Coach): Sports Coach

Your Name: \_\_\_\_\_

Prefix      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
  - Clergy
- (Must check ONE box)

Current Address:

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_| \_\_\_\_\_ |\_\_\_\_\_|\_\_\_\_\_| \_\_\_\_\_  
 Street Number & Street Name (No PO Boxes)      City      State      Zip      Years at address

Prior Address:

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_| \_\_\_\_\_ |\_\_\_\_\_|\_\_\_\_\_| \_\_\_\_\_  
 Street Number & Street Name (No PO Boxes)      City      State      Zip      Years at address

Date of Birth\*      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
    Month      Day      Year

\*This information 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: \_\_\_\_\_

Parent's Signature (for minors): \_\_\_\_\_

<b><u>For Office Use Only</u></b>
Received SEP: ___/___/___
Entry date: ___/___/___