



Authorization for Release of Information

Certain employees/volunteers in the Catholic Diocese of Fort Worth (the "Diocese") must satisfactorily pass a driving and/or credit check as a condition of their service. You must complete and sign this form to authorize the Diocese to perform this check. **Do not alter this form in any way.** Any alterations could result in disqualification.

Title	First Name	Middle Name	Last Name	Suffix	Other Names
Maiden Name	Birth Date (MM/DD/YYYY)	SSN (required for all submissions)	Drivers License #	State	Exp. Date

Provide home addresses for the past seven years, most recent first:

Street, Apt. #	City	State	Zip	County

(Use back of this form if necessary)

INITIAL ONE OR BOTH OF THE FOLLOWING ONLY IF REQUIRED BY YOUR SUPERVISOR:

Driving Check Authorization

The Diocese requires a Driving Check for the position of _____ because its tasks include driving a church-owned vehicle or transporting others on behalf of the church.

Credit Check Authorization

The Diocese requires a Credit Check for the position of _____ because its tasks include financial responsibility, e.g. financial record keeping, deposit or counting money, etc.

Please discuss with your supervisor any circumstance or fact about you or your background that could call into question your being trusted with the tasks assigned to the position(s) named above. If there is anything 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 and obtain a driving record and/or credit history from one or more consumer reporting agencies.
- I understand that such 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 this authorization and release is valid for no longer than ninety (90) days from the date I sign it.
- 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 a driving check and/or credit check if initialed above;
- Authorize all law enforcement agencies, administrators, state agencies, institutions, information service, service bureaus, credit bureaus, 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 of the request for or release of any of the above mentioned information or reports.

Signature

Date