

**AUTHORIZATION & DISCLOSURE FOR BACKGROUND CHECK**

Parish/Institution Name: \_\_\_\_\_ Institution #: \_\_\_\_\_

Parish/Institution Address: \_\_\_\_\_

I understand that as part of my ministry to children or youth in the Diocese of Brooklyn, I must have a background search. I therefore authorize the agency, church, or school where I currently serve in the diocese, its affiliates and agents, and 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 by the *Diocese of Brooklyn*. 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]**

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

Position (e.g., Teacher, Catechist, 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: \_\_\_\_\_

If you have questions call Sister Pat Hudson at 718 281 9672

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