



AUTHORIZATION AND RELEASE FOR THE
PROCUREMENT OF A CRIMINAL
BACKGROUND CHECK

I, _____, do hereby authorize Catholic Charities, Inc. to procure a criminal background
(Print Name)
investigative report on me.

I further authorize any person, business entity or governmental agency who may have information relevant to the
above to disclose the same to Catholic Charities, Inc. including but not limited to, any courthouse, any public agency,
any and all law enforcement agency and any and all credit bureaus, regardless of whether such person, business entity
or governmental agency compiled the information itself or received it from other sources, including alcohol and
controlled substance information from previous employers.

I hereby release Catholic Charities, Inc. and any and all persons, business entity and governmental agencies, whether
public or private, from any and all liability, claims and/or demands, of whatever kind, to me, my heirs, or others
making such claim or demand on my behalf, for procuring, selling, providing, brokering and/or assisting with the
compilation or preparation of the consumer report and/or investigative consumer report hereby authorized.

Printed Name: _____
First Middle Last Maiden/Other

Signature: _____ Date: _____

Social Security Number: _____

Daytime Telephone: _____

Date of Birth: _____ Gender: _____

Complete Residence Address: _____
Street Number/PO Box/Street Name

City State Zip Code County

* This information is voluntary. However, without this information, we will be unable to properly identify you
in the event we find adverse information during the course of our background search

PLEASE LIST ALL ADDITIONAL RESIDENCES THAT YOU MAY HAVE RESIDED IN THE PAST FIVE (5)
YEARS:

Street Number/PO Box/Street Name City State Zip Code County

Street Number/PO Box/Street Name City State Zip Code County

Street Number/PO Box/Street Name City State Zip Code County

NOTE: COMPLETE ONLY IF YOU HAVE RESIDED IN ANOTHER STATE IN THE PAST 10 YEARS