Diocese of Ogdensburg
Authorization / Release Form

Confidential

I hereby authorize the R.C. Diocese of Ogdensburg and its agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment purposes. As set forth in Canon Law and the Code of Pastoral Conduct of the Diocese (Section 6), the diocese and any agencies employed it will maintain confidentiality in creating, storing, accessing, transferring and disposing of background checks authorized by this document and all reports, papers and information relating to such background checks. The Diocese will use all information obtained for no other purpose than conducting background checks on the undersigned.

I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas:

> Verification of social security number; current and previous residences; employment history including all personnel files; education including transcripts; character references; address verification; criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; birth records; motor vehicle records to include traffic citations and registration; and any other public records or to conduct interviews with third parties relative to my character, general reputation, personal characteristics or mode of living.

I authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me to the R.C. Diocese of Ogdensburg and/or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release the R.C. Diocese of Ogdensburg and its agents the Social Security Administration, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release. Nothing in this paragraph is intended to release the Diocese of Ogdensburg and its agents from liability for their negligent, reckless or intention release or disclosure of any information obtained in this document or in any report created as a result of this authorization.

Print Name:_____
(First) (Middle) (Last) (Maiden)

Former Name(s) and Dates Used:_____

Current Address Since:_____
(Mo/Yr) (Street) (City) (Zip / State)

Previous Address From:_____
(Mo/Yr) (Street) (City) (Zip / State)

Current County_____ Previous County:_____

Sex (circle one): Male Female Race (circle one): Asian Black Hispanic White Other

Social Security Number:_____ Date of Birth: _____

Email:_____

Telephone number:_____ Drivers' License Number/State:_____

Signature:_____ Date:_____

_____ Paid Employee _____ Volunteer

Revised December 1, 2014