

**THE DIOCESE OF BRIDGEPORT**  
**AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF AN INVESTIGATIVE REPORT**

**LOCATION IN DIOCESE:** \_\_\_\_\_ **CITY/TOWN:** \_\_\_\_\_

I, the undersigned, do hereby authorize Diocese of Bridgeport, and Catholic Mutual Group, Inc., by and through its independent contractor, **MIND YOUR BUSINESS, INC.** ("MYB"), to procure a report and/or investigative report on me **every five (5) years**. If I am working in scheduled contact with children or every ten (10) years if I will not be working in scheduled contact with children. All School employment positions will include a Criminal Conviction Check and a Social Security Number Trace.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative report prepared on me upon written request to MYB that is made within a reasonable time after the date hereof.

I hereby release Diocese of Bridgeport, and Catholic Mutual Group, Inc., MYB and any other related parties involved in the preparation of the report or investigative report, 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, providing and/or assisting with the compilation or preparation of the report and/or investigative report hereby authorized.

Circle all that apply: **Credit History**    **Motor Vehicle Report**

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**JOB TITLE/POSITION:** \_\_\_\_\_

Positions with Financial Responsibility will include an additional **Credit History Check**. Positions with Driving Responsibility with require a **Motor Vehicles Check**.

**PRINTED NAME:** \_\_\_\_\_  
First Middle Last

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**COMPLETE RESIDENCE ADDRESS:** \_\_\_\_\_  
Street Number/P.O. Box Street Name

City State Zip Code County

**SOCIAL SECURITY NUMBER:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_ **DATE OF BIRTH:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month / Day / Year

**DAYTIME TELEPHONE NUMBER:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**DRIVER'S LICENSE NUMBER** (If driving): \_\_\_\_\_ **STATE** \_\_\_\_\_

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

Street Number/P.O. Box Street Name City State Zip Code County

Street Number/P.O. Box Street Name City State Zip Code County

Street Number/P.O. Box Street Name City State Zip Code County

If you were not born in the United States, please provide your Mother's Maiden Name and any additional identification information (National ID Number, Visa Number) that will assist us in completing your criminal background check \_\_\_\_\_

[Consumer Rights on background checks under the Fair Credit Reporting Act \(FCRA\)](#)