

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

JOB TITLE/POSITION: _____

Positions with Financial Responsibility will include an additional **Credit History Check**. Positions with Driving Responsibility will 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)