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

LOCATION IN DIOCESE:		CITY/TOWN:		
(Parish or School Name) 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 employed or will be 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 coupon written request to MYB that is n				report prepared on me
I further authorize any person, busine same to Diocese of Bridgeport, and C public agency, any and all law enforce governmental agency compiled the in Catholic Mutual Group, Inc., MYB at any and all liability, claims and/or determined procuring, providing and/or assisting of Circle all that apply: Credit History	atholic Mutual Group, Ir ement agencies and any a nformation itself or reco and any and all persons, be mands, of whatever kind, with the compilation or p	ac., by and through My and all credit bureaus, eived it from other so usiness entities and go to me, my heirs, or of reparation of the report	YB, including but not limited regardless of whether such performers. I hereby release Dioc vernmental agencies, whether thers making such claim or de	to, any courthouse, any erson, business entity or ese of Bridgeport, and public or private, from emand on my behalf for
JOB TITLE/POSITION: Positions with Financial Responsibilit require a Motor Vehicles Check.		-	eck. Positions with Driving R	esponsibility with
PRINTED NAME:				
First	Middle		Last	
SIGNATURE:		DATE:		
COMPLETE RESIDENCE ADDRES	S:			
	Street Number	P.O. Box	Street Name	
City	State	Zip Code	County	
SOCIAL SECURITY NUMBER:		-	DATE OF BIRTH:	
DAYTIME TELEPHONE NUMBER	:	EMAIL:		Month/Day/Year
DRIVER'S LICENSE NUMBER (I PLEASE LIST ALL ADDITIONAL I		OU HAVE RESIDED	STATE IN THE PAST FIVE (5) YEA	ARS:
Street Number/P.O. Box Street Name	City	State	Zip Code	County

If you were not born in the United States, please provide any additional identification information (National ID Number, Visa Number) that will assist us in completing your criminal background check _____

State

Zip Code

County

Consumer Rights on background checks under the Fair Credit Reporting Act (FCRA)

City

Street Number/P.O. Box Street Name

MOTHER's MAIDEN NAME: _