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 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 further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to Diocese of Bridgeport, and Catholic Mutual Group, Inc., by and through MYB, including but not limited to, any courthouse, any public agency, any and all law enforcement agencies 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. I hereby release Diocese of Bridgeport, and Catholic Mutual Group, Inc., MYB and any and all persons, business entities 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, 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 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

MOTHER's MAIDEN NAME: _____

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 _____

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