

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

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**. All positions will include a Criminal Conviction Check, Social Security Number Trace, Financial Credit History and Motor Vehicle Search. The Social Security number, Drivers License and the Date of Birth are required.

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.

PLEASE PRINT CLEARLY

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:** _____
(MM/DD/YYYY)

DAYTIME TELEPHONE NUMBER: _____ **EMAIL:** _____

DRIVER'S LICENSE NUMBER: _____ **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 are not from 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 \(FCRA\)](http://bridgeportdiocese.com/safeenvironments/backgroundchecks)
<http://bridgeportdiocese.com/safeenvironments/backgroundchecks>