



This form may not be altered

Primary parish/school location: \_\_\_\_\_

# Authorization for Release of Information

All employees/volunteers in the Catholic Diocese of Fort Worth (hereinafter "Diocese") must satisfactorily pass a thorough background check as a condition of employment or service. You must complete and sign this Authorization for the Diocese to perform this check.

Complete this form with the requested information, including your name as it appears on your government issued identification card, such as your Driver's License or Passport. This form may not be altered.

Last Name	First Name	Middle Name	Suffix	Other Names	Sex
Maiden Name	Birth Date (MM/DD/YYYY)	SSN (required only if employee)	Email Address		Phone

**Provide home addresses for the past seven years, most recent first:** (Use back of this form if necessary)

Street, Apt. #	City	State	Zip	County	# of years at this location

**CRIMINAL HISTORY: THIS INFORMATION WILL BE VERIFIED**

- Have you ever been convicted of a felony? No Yes
- Have you ever entered a plea of "Guilty" to a felony? No Yes
- Have you ever entered a plea of "No Contest" to a felony? No Yes
- Have you ever been placed on a "Deferred Adjudication" to a felony? No Yes

**Please discuss with your pastor/supervisor** any circumstance(s) or fact(s) about you or your background which could call into question your being trusted with the supervision, guidance, education and/or care of children and young persons. If you answered "Yes" to any of the above questions, please explain: (use additional page if necessary)

---



---



---

**Federal Law provides the legal authority for an individual to authorize an extensive background check.**

- I understand the Diocese may request information concerning criminal, work, and volunteer history from various public and private sources and from one or more consumer reporting agencies.
- I understand any such investigative report could include information as to my character, work habits, performance, and experience, along with reasons for termination of employment and/or volunteer assignments.
- I understand information may be obtained from sources indicated above and will be reviewed by Diocesan officials in strictest confidence and may not be revealed to me or anyone except as required by law.
- I understand false statements and/or omissions regarding past conduct and/or present situations may be grounds for denial of employment and/or volunteer services, or immediate dismissal.
- I understand this authorization and release is valid and may continue to be used as long as I am in service to the Diocese and that if I rescind said authorization I will immediately cease to be of service.
- I understand I am entitled, upon request, to receive additional information as is available concerning the nature and scope of any information requested.
- I understand I am entitled to a copy of the consumer report obtained if information from the report will be used in making an adverse decision concerning my employment or service to the Diocese.
- I acknowledge that any photographic or electronically scanned copies of this release authorization shall be as valid as the original.

