

DIOCESE OF GRAND ISLAND

BACKGROUND AUTHORIZATION FORM

During the application process and at any time during the tenure of my employment with (Insert parish/school name) _____, I hereby authorize Choice Point Services Inc., on behalf of (Insert parish/school name) _____ to procure a consumer report (known as an investigative consumer report in California) which I understand may include information from court record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, criminal and civil history/record; and any other public record; and any other information bearing on my character, general reputation, personal characteristics, trustworthiness, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

_____	_____
Employee or Volunteer Printed Name	Employee or Volunteer Signature
(PLEASE CIRCLE CORRECT ONE)	(PLEASE CIRCLE CORRECT ONE)

Current address: Street/Rural Route # -- City, Zip (P.O. Box #'s not allowed)

_____	_____
Birth Date	Social Security Number

Today's Date