AUTHORIZATION & DISCLOSURE FOR BACKGROUND CHECK

I have read the Archdiocesan Policy on Background Checks and "A Summary of Your Rights Under the Fair Credit Reporting Act," understand my rights as outlined in that document and, in connection with my work with children or youth in the Archdiocese of New York, authorize the agency where I am applying or currently serve in the Archdiocese, its affiliates, agents, and independent contractors, to make the following background checks during the application/screening process and during the course of my employment/service: criminal history, sex offender registration, and social security number verification. Further, the information received in connection with this background checks is strictly confidential and will not be released except to the personnel specified in the Archdiocesan Policy on Background Checks. Unless I so authorize in writing, the Archdiocese and its independent contractors will not disclose or distribute the information generated from the background checks listed above. Law enforcement, judicial, and governmental agencies are authorized to release all written information about me in connection with the above-authorized background checks. To the extent permitted by law I release all individuals, companies, corporations and agencies from any and all liability, claims, and or damages relating to the above-authorized background checks.

PLEASE PRINT CLEARLY The following information is true and correct to the best of my knowledge:

Institution #: Parish/School/Agency/Institution Name	4	City			
392 ST. Denis - ST. (e.g. Cathedral of St. Patrick Church	T. COlumba School HOPEWell Junction (e.g. New York City)				
Check ONE for the program you facilitate the MOST at the Pa ☐ Parish ☐ Boys High School ☐ Religious Education ☐ Co-Ed High school ☐ Elementary School ☐ Girls High School	Pre-scho	ool (stand alone) oorts	Age Mis	ove: Agency Misc Outside Vendor	
Position in that program: Volunter (e.g., Catechist, Catechist Aide, Teacher, Teacher's Aide, CYC	D-Basketball, CYO-E	Baseball, Admin A	Asst, Other-Parish,		
Check ONE: Employee Volunteer Clergy-Summ	ner Clergy-Ext	tern 🗖 Clergy-R	Relig Order 🔲 C	lergy-Diocesan	
Legal Name: Prefix(e.g. Mr, Mrs, Ms) First	s, Ms) First Middle		Last	Suffix	
	Email:			`	
Other name used (e.g., maiden name))					
Current Address (NO PO Boxes)	Apt	City	State	Zip	
Prior Address (NO PO Boxes)	Apt	City	State	Zip	
Date of Birth* Month Day *Date of Birth is REQUIRED; information is used for identification purposes of	Year Only. Age is in no way use		or employment or volun	teer service.	
Social Security# (U.S. Issued Only):	-	-			
**SSN is REQUIRED; If the individual is a foreign citizen and does not have	e an SSN, leave blank &	attach a government	issued picture ID to thi	is form .	
Daytime Telephone Number: () Area Code Number Signature:	(in case we determined		nd writing)		
Parent's Signature (if the person above is under 18yrs):					
Revised Form 08/2023					