

**DIOCESE OF BRIDGEPORT**

**VOLUNTEER**

**AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF AN INVESTIGATIVE REPORT**

I, the undersigned, do hereby authorize Diocese of Bridgeport, and Catholic Mutual Group, Inc., by and through its independent contractor, LexisNexis, to procure a report and/or investigative report on me. The above mentioned report may include the items listed below. Upon completion, return this form to the office that gave it to you.

**For All Positions:** Criminal Conviction Check Social Security Number Trace Education Verification, (if degree required)

**For Positions with Financial Responsibility Add:** Credit History

**For Positions with Driving Responsibilities Add:** Motor Vehicle Report

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 LexisNexis 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 LexisNexis, 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., LexisNexis and any and all persons, business 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.

**Printed Name:** \_\_\_\_\_  
First Middle Last

**Signature:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Complete Resident Address:**

\_\_\_\_\_ (years)  
Street Number/P.O. Box, Street Name

\_\_\_\_\_ City State Zip Code County

**Date of Birth\*:** \_\_\_\_\_ **Social Security Number\*:** \_\_\_\_\_

**Gender:** \_\_\_\_\_ **Daytime Telephone Number:** \_\_\_\_\_

**Driver's License Number:** \_\_\_\_\_ **State Issued:** \_\_\_\_\_

(\*This information is voluntary, for identification only, and is not used as a qualification for volunteering. However, without this information, we will be unable to properly identify you in the event we find adverse information during the course of our background search. Alternatively, you may elect to call LexisNexis directly at (888) 758-3776 x9909 to leave your date of birth.

**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

For information contact: LexisNexis Screening Solutions Inc, PO Box 105108, Atlanta, GA 30348-5108, (800) 845-6004