

AUTHORIZATION AND CONSENT
FOR A PERSONAL AND/OR PROFESSIONAL BACKGROUND CHECK

I grant permission to and authorize the Roman Catholic Diocese of Albany, New York and/or its agent to conduct a personal and professional background check on me for the purpose of employment or to volunteer working with children in programs either directly or indirectly under the auspices of the Diocese. I understand this information and any report from it is strictly confidential. At this time, and until informed in writing to the contrary, I hereby authorize and direct the release to the Roman Catholic Diocese of Albany and/or its authorized agent any information concerning: employment, education, criminal record, allegations of abuse or sexual harassment, and/or any other relevant information. I hereby release and agree to hold harmless from liability any person or organization that provides information to the Roman Catholic Diocese of Albany, and its employees, officers and directors, or any authorized representatives as a result of this authorization and consent.

I grant authorization and consent to the Roman Catholic Diocese of Albany, New York to conduct a criminal background check, conviction records check, abuse registry check, and driving record check for the purposes of my employment or my volunteer service to the Roman Catholic Diocese and its affiliated corporations and/or agencies.

I understand and agree that statements and/or omissions regarding past conduct and/or present situations may be grounds for being asked to withdraw from my position as either a paid employee or as a volunteer.

PLEASE BE SURE YOU HAVE READ AND UNDERSTAND THIS AUTHORIZATION AND CONSENT FORM.

_____ (Signature)	_____ (Date)
_____ (Witness)	_____ (Date)

We need the following information to proceed with the background check.

Name _____ **Date of Birth** _____

Address _____ **Name of Parish/School/Agency** _____

Social Security Number _____

Drivers License State _____ **Number** _____