

**Diocese of San Diego**

**BACKGROUND CHECK  
DISCLOSURE AND AUTHORIZATION FORM  
(04/06)**

I hereby authorize ChoicePoint Services, Inc. on behalf of the Diocese of San Diego, to procure an investigative consumer report about me. I understand that this is required as a condition of my employment or as a volunteer with (enter Parish name) \_\_\_\_\_.

The report may include, but is not limited to, a criminal history search, a social security number verification (for present and former address matching); and other public records bearing on my character, general reputation, and trustworthiness, that may be material to my qualifications for employment or volunteer service within the Diocese. The report will not include any investigation of my immigration status with the U.S. government immigration services.

I further authorize any person, business entity or governmental agency who may have relevant information about me to disclose it to the Diocese through ChoicePoint, including, but not limited to, any courthouse, any public agency, any and all law enforcement agencies, regardless of whether the person, business entity or governmental agency compiled the information itself or received it from other sources. The Diocese and ChoicePoint will treat my personal information as confidential and will not release it to any other agencies.

I release the Diocese of San Diego and ChoicePoint, and all officers and agents of these entities, 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 and/or assisting with the compilation or preparation of the investigative consumer report hereby authorized.

Please PRINT the following information:

LAST Name	FIRST Name	MIDDLE Name
OTHER LAST Name	OTHER FIRST Name	OTHER MIDDLE Name

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

**Resident Address** (last 7 years):

House Number and Street Name			
City	State	Zip Code	County

**Former Address** (If present residence is less than 7 years):

Street Number and Street Name			
City	State	Zip Code	County

**Driver's License Number:** \_\_\_\_\_ **STATE ISSUED:** \_\_\_\_\_

**Other ID Number:** \_\_\_\_\_ **ID Type:** \_\_\_\_\_

**The above information is true and correct to the best of my knowledge:**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_