

CONSULTANT/ INDEPENDENT CONTRACTOR /VENDOR

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, CHOICEPOINT, to procure a report and/or investigative report on me.

The above mentioned report may include the items listed below. **The Individual should circle the appropriate items based on their circumstances. UPON COMPLETION RETURN THIS FORM TO YOUR EMPLOYER**

For All Positions

State Criminal 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 Choicepoint 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 Choicepoint, 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, *including alcohol and controlled substance information from previous employers.*

I hereby release Diocese of Bridgeport, and Catholic Mutual Group, Inc., Choicepoint and any and all persons, business entities 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 RESIDENCE ADDRESS:

Street Number/P.O. Box

Street Name

City

State

Zip Code

County

SOCIAL SECURITY NUMBER: _____

DAYTIME TELEPHONE NUMBER: _____

DRIVER'S LICENSE NUMBER (only if circled above): _____ STATE _____

DATE OF BIRTH*: _____ GENDER*: _____

*This information is voluntary, for identification only, and is not used as a qualification for consulting or contracting. 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.

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