



AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF AN INVESTIGATION REPORT

I, the undersigned, do hereby authorize The Diocese of Great Falls-Billings and/or its agents, and by and through its independent contractor, Catholic Mutual Group, Inc., by its independent contractor, SELECTION.COM, to procure an investigative report on me.

The above-mentioned report will include the following information -- social security number verification; present and former addresses; criminal history/record/citations (including motor vehicle).

This Authorization and Release shall specifically exclude consumer reports, credit reports or a medical background evaluation.

The information obtained pursuant to this Authorization and Release, if any, shall be used for the purpose of determining my eligibility for employment or as a volunteer for the Roman Catholic Bishop of Great Falls, Montana. All such information shall be treated as confidential. Upon reasonable notice, the undersigned shall have access to any of the information obtained pursuant to this Authorization and Release. I also 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 SELECTION.COM, that is made within a reasonable time after the date hereof.

If the report contains incorrect or misleading information, the individual may provide corrective information to the Diocese.

I hereby authorize any person, business entity, governmental agency or law enforcement agency who may have any information relative to the above-restricted information, to disclose the same to the Roman Catholic Bishop of Great Falls, Montana, by and through SELECTION.COM, including, but not limited to, any courthouse, any public agency, any and all law enforcement agencies, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I further hereby release, the Diocese of Great Falls-Billings and/or its agents, and Catholic Mutual Group, Inc., SELECTION.COM and any and all persons, business entities and government 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 investigative report hereby authorized.

(PLEASE PRINT LEGIBLY)

Please check one

Name of Parish or School (where you will work/volunteer) _____

Volunteer

Position (please be specific, i.e. teacher, book keeper, etc.) _____

Employee

Printed Name: _____

First

Middle

Last

Alias (AKA) Name:

(including maiden name)

First

Middle

Last

SIGNATURE: _____ **Date:** _____

Current Address: _____

City

State

Zip

Previous Address: _____

(If at current address less than 7 years)

City

State

Zip

E-Mail Address: _____

Social Security Number: _____

Date of Birth*: _____ **Gender*:** _____

Telephone Number (best daytime number to reach you): _____

Return to:
Diocese of Great Falls-Billings
Attn: Barbara Haacke
PO Box 1399
Great Falls, MT 59403

*Without this information, we are unable to properly identify you in the event we find adverse information during the course of our background search.