## DIOCESE OF LA CROSSE



## AUTHORIZATION AND ACKNOWLEDGEMENT OF CRIMINAL BACKGROUND CHECK $\ensuremath{\mathcal{R}}$



## AUTHORIZATION FOR RELEASE OF FBI INFORMATION

Printed Legal Name:	
Last First	Middle
Home Address/City/State/Zip:	
States of Former Residency:	Gender: M / F Race:
Date of Birth:/	SSN:
Other Names Used:	
Email: Ho	ome/Cell Phone Number:
Signature (not digital <u>required</u> ):	
Please specify if:  - this is an initial background checkor a rene - this position paidor volunteer?  - this individual be responsible for transporting childs  Position (check one from either school or parish – if "Other" is selected,	dren? Yes No
CATHOLIC SCHOOLS	<u>PARISHES</u>
Administrator	DRE/CRECatechistSupport StaffClergyOther []Description of Position/Duties
Your signature above indicates the following:  You authorize the Employer* to obtain a background check report, also referred to as a cortaces, governmental records, driving history reports, etc., and that any such information myolunteer/employment position, which report(s) may be received from a third party provid Department of Children and Families, and/or the Federal Bureau of Investigation, if accomp The FBI's acquisition, preservation, and exchange of information requested by this form is a supplemental authorities include Federal statutes, State statutes pursuant to Pub.L. 92-544 the United States or authorized authorities. Providing the requested information is voluntar approval of your application;  Your records may be used solely for the purpose they are requested (28 CFR 51.12) and may you are entitled to an opportunity to complete, challenge, or correct the information reportion authorize ongoing procurement of any records or information, reports and records at a you authorize the use of a fax, e-mail, or photocopy of this authorization as having the same you have read and fully understand this authorization;  You certify that all the information you have provided on this form is true, complete, correct you certify that all the information you have provided on this form is true, complete, correct you certify you have reviewed and understand your Privacy Rights, pursuant to the Federa rights under 28 U.S.C. 16.30 et seq. and corresponding Wis. Stats., and that you have receive Reporting Act (15 U.S.C. §1681 et seq.)" which is published by the Federal Trade Commission environment/library/	may be used for consideration in connection with your application for a(n) der, the State of Wisconsin, including the Wisconsin Department of Justice and/or apanied by a completed FD-258; generally authorized under 28 USC 534. Depending on the nature of your application 4, Presidential executive orders, regulations and/or orders of the Attorney General of ary; however, failure to furnish the information may affect timely completion or any not be disseminated outside the receiving department or other authorized entity; orted in your record (28 CFR 16.34 and Wis. Stats. 165.83(2)/DJ-LE-247); any time during your relationship with Employer to the extent allowed by law; me authority as the original; ect and accurate; and ral Privacy Act of 1974 (5 USC 552a(b)), record completeness or accuracy challenge ived, reviewed and understand the "Summary of Your Rights under the Fair Credit
Parish/School City	ty/Unified System
Parish/School Contact Person Col	ontact Phone Number

\*Employerusedinthis formshall mean, as applicable, the Diocese of La Crosse, Parish, or School, ortheiragents, towhichthe applicant seeks avolunteeroremployment position.