



Effective: 5/1/07

APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION



Archdiocese of Anchorage
EMPLOYMENT/VOLUNTEER

I hereby authorize _____ to conduct a search of my background causing an investigative report to be generated for employment purposes relating to employment/volunteering with the _____ areas:
the following areas:

- verification of social security number;
• criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions;
• state Sex Offender records

I further understand that if this employment/volunteer position involves finances, that a pre-employment credit check may also be requested.

I further authorize public agencies to divulge pertinent information about me to _____ with regard to the areas listed above.

I hereby release the _____, the Social Security Administration, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me because of compliance with this authorization and request to release. You may contact me as indicated below.

(PLEASE PRINT CAREFULLY AND LEGIBLY)

Applicant Signature _____

Applicant Full Name (Printed) _____

Date _____

Maiden or Other Name _____

Date of Birth _____ Social Security # _____

Address _____

City _____ State _____ Zip Code _____

Please list all other cities and states in which you have resided in the past 7 years:

City, State _____ City, State _____
City, State _____ City, State _____
City, State _____ City, State _____

Parish/School/Agency working for I volunteering with _____

Priest _____ Deacon _____ Educator _____ Archdiocesan Employee _____

Parochial / Parish Employee _____ Volunteer _____ Candidate for Ordination _____