

# DIOCESE OF SAVANNAH



CATHOLIC PASTORAL CENTER  
601 EAST LIBERTY STREET  
SAVANNAH, GA 31401-5196  
PHONE (912) 201-4100  
FAX (912) 201-4101

## DIOCESE OF SAVANNAH CRIMINAL BACKGROUND CHECK AUTHORIZATION

### Consumer Notification and Authorization

This is used to inform you that a consumer report is being obtained from a consumer reporting agency for the purpose of evaluating you for employment, volunteer service or a contracted position, including retention as an employee, volunteer or independent contractor.

This report may contain information bearing on your character, general reputation, and personal characteristics from public or private record sources.

To Whom It May Concern:

I understand that a consumer report as described above may be obtained. All law enforcement agencies, State Police and courts are authorized to release all written information about me. I give permission for a criminal background check to be conducted on me and hereby release all individuals, companies, corporations, and agencies, public or private, connected therewith from any and all liability associated with the dissemination of such information.

I have been given a copy of this form.

Print Legal Name: First \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_

Signature \_\_\_\_\_

Current Physical Address (preferably not a P.O. Box) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth (for identification purposes only) \_\_\_\_\_

Social Security Number \_\_\_\_\_

If name changed (through marriage or otherwise) print former name here \_\_\_\_\_

Are you a paid employee or a volunteer? \_\_\_\_\_

***Please return this form to your parish or school office upon completion***