

*Authorization and Release for the Procurement of a Consumer and/or
Investigative Background Report*

**AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A CONSUMER AND/OR INVESTIGATIVE
BACKGROUND REPORT**

Reporting on: _____
(print name)

Parish, school or other agency: _____

Position: (check one below)

- Clergy
- Staff (employee)
- Volunteer

Check all reports that apply:

FBI Criminal Report and Social Security Trace (Non-Profit Package):
*Statewide, National Criminal Offender Search (including FBI Sex Offender for all 50 states).
Includes Social Security Trace
REQUIRED FOR DIOCESE OF GALLUP.*

Financial History:
*Required only for those who work with parish, mission, school or agency funds and all diocesan,
parish, school or agency employees.*

Driving History:
*Required only for those who drive on behalf of parish, mission, school or agency and
all diocesan, parish, school or agency employees.*

Please return the completed authorization and 2-page MYB Release to:

Safe Environment Coordinator
Diocese of Gallup
PO Box 1338
Gallup, NM 87305

**** When duplicating, PLEASE DO NOT copy back to back (2-sided copy) as processing requires
faxing the forms**

**** PLEASE DO NOT staple forms together. Thank you.**

Authorization and Disclosure for Background Check
Diocese of Gallup

DISCLOSURE

As part of the process of determining your eligibility for employment or volunteer work, **The Diocese of Gallup** may conduct an investigation of your background by obtaining a consumer report or investigative consumer report relating to you from a consumer reporting agency of its choice. This document may also be used to authorize a repeat investigation to determine eligibility for continued employment or volunteer work. The report may contain information bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, education, employment history, criminal history, motor vehicle history, workers compensation history or mode of living.

No consumer report will be used in violation of any federal or state equal employment opportunity law or regulation. You may request a copy of your rights under the Fair Credit Reporting Act. If **the Diocese of Gallup** intends to take any adverse action based in whole or in part on information contained in a consumer report, you will be provided with an additional copy of the report and a description of your rights under the Fair Credit Reporting Act.

To assist **The Diocese of Gallup** in obtaining a consumer report, the following information is provided:

MA, MN, OK, NY, ME, WA, NJ, and CA applicants only: If you want a free copy of the report(s) ordered, check this box <input type="checkbox"/> .
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Full Name (Printed) _____
 First Middle Last Maiden/Other

Signature _____ Date _____

Complete Residence Address _____
 Street Number/ PO Box Street Name

 City State Zip Code County

Date of Birth* _____ Social Security Number _____ Gender _____ Race _____
(*You may elect to call MYB directly at (888) 758-3776 with this information)

Driver's License Number _____ State Issued _____

Daytime Telephone Number _____ Email _____

Please list all additional residences that you have resided in during the past 7 years:

Street Number/ PO Box Street Name City State Zip County

Street Number/ PO Box Street Name City State Zip County

Street Number/ PO Box Street Name City State Zip County



MIND YOUR BUSINESS

Pre-Employment Background and EEO Investigation Services

AUTHORIZATION

I hereby authorize **The Diocese of Gallup** to make an independent investigation of my background by obtaining a consumer report relating to me from ***Mind Your Business, Inc. (“MYB”)*** I understand and agree that the information contained in any consumer report will be used to determine eligibility for employment or activity as a volunteer. If this relates to a repeat or periodic investigation, the report will be used to determine my eligibility for continued employment or further activity as a volunteer. I understand that action may be taken by **The Diocese of Gallup** based on this information.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to **The Diocese of Gallup**, by and through ***MYB***, 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.***

Full Name (Printed) _____
 First Middle Last Maiden/Other

Signature _____ Date _____

Background Check Order Cost

Ver. 1.1

Date:

Parish, School, or other agency:

For the following individuals:

Last Name	First Name	Mark Type of Reports Required for each		
		FBI/SS	Credit	Motor Vehicle
		X		
		X		
		X		
		X		
		X		
		X		
		X		
		X		
		X		
		X		
		X		
		X		
		X		
		X		
		X		

Cost Calculations:

Type of Report Requested	Number	Fee	Cost
FBI Criminal Report and SS Trace (REQUIRED FOR ALL)		\$ 18.00	\$
Credit Report (Finance)		\$ 9.00	\$
Motor Vehicle Report		\$ 20.00	\$

Total:	\$
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Paid by Check #	For: \$
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