

*For employees only*

**DIOCESE OF FORT WAYNE-SOUTH BEND, INC.**  
**SUPPLEMENTAL AUTHORIZATION AND RELEASE FOR**  
**BACKGROUND CHECK INFORMATION**

I authorize the Diocese of Fort Wayne-South Bend, Inc. (“Diocese”) to request and receive background information on me from my current and/or past employers, schools that I attended, and any personal or professional references which I identified on my Diocesan employment/volunteer application. I authorize any of my current and/or past employers, schools, and the personal and professional references to release information to the Diocese in order to assist the Diocese in arriving at a decision on my employment/volunteer application.

I also authorize the Diocese to conduct any criminal history background checks on me as may be allowed under federal, state or local law, in order to assist the Diocese in arriving at a decision on my employment/volunteer application. To the extent that such inquiries require my consent, I hereby give my consent for the Diocese to request and obtain such information, and I consent to the provision of such information by any person, entity or any federal, state, or local agency contacted by the Diocese.

I verify that the identifying information provided below and any photographic identification that I have provided are true and correct.

I release the Diocese, and its employees and agents, and any person or entity and its employees and agents, from any and all liability arising out of or related to the request, furnishing, or receipt of the above information. Any duplicate of this Authorization and Release shall be considered valid as an original.

Name: \_\_\_\_\_  
(Printed)

Signature: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip

Date: \_\_\_\_\_