



SALESIANS OF DON BOSCO | PROVINCE OF ST. PHILIP THE APOSTLE
OFFICE OF YOUTH AND YOUNG ADULT MINISTRY

P.O.Box 639, 148 Main Street New Rochelle, NY 10802-0639 | Phone: (914) 636-4225 | Fax: (914) 636-4925
www.salesianym.com

RELEASE FORM FOR BACKGROUND INVESTIGATION
CONFIDENTIAL

Full Legal Name: _____
(First) (Middle) (Last)

Current Address Since: _____
(Mo/Yr) (Street) (City) (Zip/State)

Counties You Have Lived
Within the Past 10 Years: _____
(Mo/Yr) (Street) (City) (Zip/State)

Counties You Have Lived
Within the Past 10 Years: _____
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: _____ DOB: _____

Telephone Number: _____

Drivers License Number/State: _____

Countries Previously Lived In and Dates: _____

Mother's Maiden Name: _____

I, the undersigned, authorize the Arch/Diocese and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas; verification of social security number; current and previous residences; employment history, education background, character references; civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I hereby authorize all individuals and organizations named or referred to in my application and any law enforcement organization named or referred to in any application and any law enforcement organization to give me all information relative to such verification and hereby release such individuals, organizations, from any liability for any claims or damage resulting there from. I hereby release the Arch/Diocese, its authorized agents and all persons and organizations providing information from all claims and liabilities of any nature in connection with this investigation. I hereby further authorize that a photocopy of this authorization may be considered as valid as the original.

I understand that I have specific rights as a consumer under the federal Fair Credit Reporting Act ("FCRA") and may have additional right under relevant state law.

Signature of Applicant

Date

Please attach a valid photo ID such as driver's license, passport or college ID.