



DIOCESE OF LA CROSSE



AUTHORIZATION AND ACKNOWLEDGEMENT OF CRIMINAL BACKGROUND CHECK & AUTHORIZATION FOR RELEASE OF FBI INFORMATION

Printed Legal Name:

Last First Middle

Home Address/City/State/Zip:

States of Former Residency: Gender: M / F Race:

Date of Birth: SSN:

Other Names Used: (Maiden, alias, nickname, etc.)

Email: Home/Cell Phone Number:

Signature (required):

- Please specify if: - this is an initial background check or a renewal. - this position paid or volunteer? - this individual be responsible for transporting children? Yes No.

Position (check one from either school or parish – if "Other" is selected, a description must be provided):

CATHOLIC SCHOOLS

PARISHES

- Administrator Child Care (DCF licensed only) Teacher Coach Teacher Aid Support Staff Sub Teacher Other [Description of Position/Duties]

- DRE/CRE Catechist Support Staff Clergy Other [Description of Position/Duties]

Your signature above indicates the following:

- You authorize the Employer* to obtain a background check report, also referred to as a consumer report, which may include, among others, criminal records, Social Security traces, governmental records, driving history reports, etc., and that any such information may be used for consideration in connection with your application for a(n) volunteer/employment position, which report(s) may be received from a third party provider, the State of Wisconsin, including the Wisconsin Department of Justice and/or Department of Children and Families, and/or the Federal Bureau of Investigation, if accompanied by a completed FD-258; - The FBI's acquisition, preservation, and exchange of information requested by this form is generally authorized under 28 USC 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub.L. 92-544, Presidential executive orders, regulations and/or orders of the Attorney General of the United States or authorized authorities. Providing the requested information is voluntary; however, failure to furnish the information may affect timely completion or approval of your application; - Your records may be used solely for the purpose they are requested (28 CFR 51.12) and may not be disseminated outside the receiving department or other authorized entity; - You are entitled to an opportunity to complete, challenge, or correct the information reported in your record (28 CFR 16.34 and Wis. Stats. 165.83(2)/DJ-LE-247); - You authorize ongoing procurement of any records or information, reports and records at any time during your relationship with Employer to the extent allowed by law; - You authorize the use of a fax, e-mail, or photocopy of this authorization as having the same authority as the original; - You have read and fully understand this authorization; - You certify that all the information you have provided on this form is true, complete, correct and accurate; and - You certify you have reviewed and understand your Privacy Rights, pursuant to the Federal Privacy Act of 1974 (5 USC 552a(b)), record completeness or accuracy challenge rights under 28 U.S.C. 16.30 et seq. and corresponding Wis. Stats., and that you have received, reviewed and understand the "Summary of Your Rights under the Fair Credit Reporting Act (15 U.S.C. §1681 et seq.," which is published by the Federal Trade Commission to help you know your rights, which may be found at: www.diolc.org/safe-environment/library/

McDonell Area Catholic Schools

Chippewa Falls

Parish/School Candas Konop

City/Unified System 715-723-0538

Parish/School Contact Person

Contact Phone Number

*Employer used in this form shall mean, as applicable, the Diocese of La Crosse, Parish, or School, or their agents, to which the applicant seeks a volunteer or employment position.