

Diocese of Buffalo
UNIFORM RELEASE AUTHORIZATION
Applicant Complete the Following

1. In connection with my application for employment, I understand that an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reason for termination of past employment. I understand that as directed by Diocesan policy: and consistent with the job described, you may be requesting information from public and private sources about my: workers' compensation injuries, driving record, court records, education, credentials, credit and references.
2. Medical and workers', compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws" According to the Fair Credit Reporting Act, I am entitled to know if-employment is denied because of information obtained by my prospective employer from a consumer-reporting agency, If so, I will be notified and given the name and address of the agency or the source, which provided the information.
3. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state, and county agencies including the Minnesota Department of Labor.
4. I hereby authorize, without reservation,' any law enforcement agency, institution. information service bureau, school, employer, reference, or Insurance Company contacted by the Diocese: of Buffalo or its agent, to furnish the information described in Section I. The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all' persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above-mentioned information or reports.

Please: print your full name

Please print other names you have used

Home Address

City State Zip Code

Social Security Number Date of Birth

The following states require sex and race to obtain information: AL, AR, FL, GA, IA, IN, OR, TX, WI

____ Male ____ Female ____ Asian ____ Afro American ____ Hispanic ____ White ____ Native American ____ Other

Drivers License Number Issuing State

Name as it appears on license

Signature Today's Date