

DISCLOSURE AND AUTHORIZATION FORM

DISCLOSURE

This Disclosure and Authorization is provided pursuant to the Federal and New Jersey Fair Credit Reporting Acts. This is used to inform you that a consumer report is being obtained from a consumer reporting agency (i.e., LexisNexis/LexisNexis/Choicepoint Services, Inc.) for the purpose of evaluating you for employment, volunteer service or a contract, including retention as an employee, volunteer or independent contractor. This report may contain information bearing on your character, general reputation, and personal characteristics from public and private record sources.

Certain positions with the Archdiocese of Newark and other entities officially associated with the Archdiocese of Newark as indicated in the Kenedy Directory require a background check as a condition of employment, volunteer service, or contracted positions. A person who is conditionally offered employment, a volunteer position, or a contract must give voluntary written authorization in order for the background check to be generated.

AUTHORIZATION

I hereby authorize the Archdiocese of Newark or an entity officially associated with the Archdiocese of Newark as indicated in the Kenedy Directory to procure a consumer report (known as an investigative consumer report in California), which I understand may include information regarding my character, general reputation, or personal characteristics. This report may be compiled with information from court record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification, to the extent such an investigation includes information bearing on my character, general reputation, or personal characteristics.

Print Name

Date

Signature

Address

Social Security Number*

Date of Birth*

If name changed (through marriage or otherwise) print former name here.*

*For identification purposes only.