**AUTHORIZATION AND RELEASE FOR THE**
**PROCUREMENT OF AN INVESTIGATION REPORT**

I, the undersigned, do hereby authorize the ROMAN CATHOLIC BISHOP OF GREAT FALLS, MONTANA, and CATHOLIC MUTUAL GROUP, INC., by and through its independent contractor, MIND YOUR BUSINESS, INC. (MYB), to procure an investigative report on me.

The above mentioned report will include the following information -- social security number verification; present and former addresses; criminal history/record/citations (including motor vehicle).

This Authorization and Release shall specifically exclude consumer reports, credit reports or a medical background evaluation.

The information obtained pursuant to this Authorization and Release, if any, shall be used for the purpose of determining my eligibility for employment or as a volunteer for the Roman Catholic Bishop of Great Falls, Montana. All such information shall be treated as confidential. Upon reasonable notice, the undersigned shall have access to any of the information obtained pursuant to this Authorization and Release. I also understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative report prepared on me upon written request to MYB, that is made within a reasonable time after the date hereof.

I hereby authorize any person, business entity, governmental agency or law enforcement agency who may have any information relative to the above-restricted information, to disclose the same to the Roman Catholic Bishop of Great Falls, Montana, Catholic Mutual Group, by and through MYB, including, but not limited to, any courthouse, any public agency, any and all law enforcement agencies, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I further hereby release, the Roman Catholic Bishop of Great Falls, Montana, Catholic Mutual Group, MYB and any and all persons, business entities and government agencies, whether public or private, from any and all liability, claims and/or demands, of whatever kind, to me, my heirs, or others making such claim or demand on my behalf, for procuring, providing and/or assisting with the compilation or preparation of the investigative report hereby authorized.

**PRINTED NAME:**_____
**First** **Middle** **Last**

**SIGNATURE:**_____**DATE:**_____

**COMPLETE RESIDENCE ADDRESS:**_____
**Street Number/P.O. Box** **Street Name**

_____
**City** **State** **Zip Code** **County**

**SOCIAL SECURITY NUMBER:** _____

**DAYTIME TELEPHONE NUMBER:** _____

**DRIVER'S LICENSE NUMBER:** _____ **STATE ISSUED**_____

**DATE OF BIRTH*:** _____ **GENDER*:**_____

*This information is voluntary. However, without this information, we will be unable to properly identify you in the event we find adverse information during the course of our background search.