DIOCESE OF LA CROSSE
AUTHORIZATION AND ACKNOWLEDGEMENT OF CRIMINAL BACKGROUND CHECK

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

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

PARISHES

____ 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/

St. Bronislava Parish
Parish/School

Plover
City/Unified System

Fran Rozner
Parish/School Contact Person

715-344-4326
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.