

ROMAN CATHOLIC DIOCESE OF SALINA
Notification and Authorization for a Background Check
for Parish Ministers

I, as a parish minister, in the Roman Catholic Church, authorize the Diocese of Salina through its independent contractors to procure an investigative report on me. This investigative report or background check may include any information bearing on my criminal and civil history/record and any other public record that contains information bearing on my character, general reputation, trustworthiness and/or mode of living.

I 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 the Diocese of Salina that is made within a reasonable time after the date the investigation was conducted.



TO WHOM IT MAY CONCERN:

I hereby authorize and request law enforcement departments or related agencies to furnish all information in their possession regarding me which pertains to any criminal convictions or information that is relevant to my volunteer work with children or minors. I am willing that a photocopy of this authorization is accepted with the same authority as the original.

Print Name

First	Middle	Last
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If name changed (through marriage or otherwise) print former name here _____

Complete Residence Address _____

Street Address	City	State Zip	County
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Date of Birth _____ Gender: male/female

Social Security Number (for identification purposes only) _____

Driver's License Number _____ State Issued _____

This background check is in regards to employment/volunteer at: _____
Name of parish or school

Signature: _____ Date: _____

Once completed and signed, please detach this form and return it to your parish pastor or pastoral administrator, to the parish director of religious education or business office.