

DIOCESE OF LINCOLN

AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF AN INVESTIGATIVE REPORT

I, the undersigned applicant, do hereby authorize The Diocese of Lincoln and (Diocesan Entity), by and through its independent contractor, LexisNexis Screening Solutions Inc., P.O. Box 105108, Atlanta, GA 30348-5108, 1-800-845-6004, to procure an investigative consumer report on me during the application process and at any time during the tenure of my employment or volunteer services with (Diocesan Entity).

To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, information service bureau, employer, or insurance company to furnish any and all background information requested by LexisNexis Screening Solutions Inc. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

These above mentioned reports include, but are not limited to, personal references; citations; a social security number verification; present and former addresses; criminal and civil history/record.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report prepared on me upon written request to LexisNexis Screening Solutions Inc., that is made within a reasonable time after the date hereof.

I hereby release The Diocese of Lincoln and (Diocesan Entity), 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 assisting with the compilation or preparation of the investigative consumer report hereby authorized.

PRINTED LEGAL NAME _____ Gender Male Female
First Full Middle Last Maiden/Other/Alias

COMPLETE RESIDENCE ADDRESS _____
Street address City State Zip code #county

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH* _____ PHONE NUMBER _____

***NOTE: This information is required for identification purposes only, and is in no manner used as qualifications for employment.**

PLEASE LIST ALL ADDITIONAL RESIDENCES WHERE YOU HAVE RESIDED IN THE PAST FIVE (5) YEARS:

Street address City State Zip code #county

Street address City State Zip code County

SIGNATURE _____ DATE _____

I attest that the above named applicant has viewed the training program.

Administrator's signature Date of completion

Original authorizations to be filed with Diocesan Insurance Office: P.O. Box 80328, Lincoln, NE 68501-0328

LexisNexis expressly disclaims any warranties or responsibility or damages associated with or arising out of information provided herein.