BACKGROUND CHECK REPORT SHARING
PRE-SERVICE APPLICANT RELEASE

Background check reports more than 3 years old may not be shared.

I, hereby authorize

Parish/School/Office _____
Name of parish, school or archdiocesan office where background check report is currently on file

Parish/School/Office Address _____

Parish/School/Office Phone number: _____

Parish/School/Office Contact person: _____

to furnish copies of all background check information received by it to

Parish/School/Office Holy Trinity Parish
Name of parish, school or archdiocesan office where you would like a copy of your background check report sent

Parish/School/Office Address 749 Sixth Avenue South, South St. Paul, MN 55075

Parish/School/Office Phone number: 651-455-1302 Parish / 651-455-8557 School

Parish/School/Office Contact person: Theresa Doyle - Safe Environment Coordinator

where I may also work as an employee or volunteer.

By my signature below, I reaffirm the release of liability I executed with regard to my previous background report and I further hold harmless the Parishes/Schools and the Archdiocese of Saint Paul and Minneapolis in connection with the sharing of my report authorized herein.

Printed name of employee or volunteer applicant _____

Signature of employee or volunteer applicant _____

Date: _____
MM / DD/ YYYY