Date of screen:	

## AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF AN INVESTIGATIVE REPORT

I, the undersigned applicant, do hereby authorize The Diocese of Lincoln and St. John the Baptist School, 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 St. John the Baptist School.

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 St. John the Baptist School, 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 NAM	E					Gender		
	First	Full Middle *	Last	Maiden/C	ther/Alias	Male Female		
COMPLETE RESIDENCE	E ADDRESS _							
		Street address	City	State	Zip code	County		
SOCIAL SECURITY NUI	MBER		ATE OF BIRTH**	-	PHONE NUMBE	R		
**NOTE: This information is required for identification purposes only, and is in no manner used as qualifications for employment.								
PLEASE LIST ALL ADDITIO	NAL RESIDENC	ES WHERE YOU HAVE RES	IDED IN THE PAST I	IVE (5) YEARS:				
				2.0				
Street address		City	State	Zip code		County		
Street address		City	State	Zip code		County		
SIGNATURE				DA	ITE			
* Please be sure to	provide co	mplete middle nar	mes and maid	en names wh	ere applicable	to avoid		

Applicant: Please submit this completed form to the Diocesan Entity where you are employed or volunteering.

Diocesan Entity: Original authorizations to be filed with Diocesan Insurance Office.

mismatched results.

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