Catholic Diocese of Spokane

BACKGROUND FOR OUT OF STATE INVESTIGATION CONSENT

(Volunteers, clergy, employees **who have lived** outside Washington State within the last three (3) years).

I, _____, authorize the **Catholic Bishop of Spokane** to make an independent investigation of my background, criminal or police records.

I release the **Catholic Bishop of Spokane** and any person or entity that provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits in regard to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

_____
Full Name (Printed)

_____
Maiden Name or Other Names Used

_____
Present Address City State Zip How Long?

_____
FORMER ADDRESS City State Zip How Long?

(Please provide 3 years of address history. Use back of page if necessary)

_____ _____ _____ _____
*Date of Birth Social Security Number Driver's License Number State of License

_____
Signature Date

*Note: The above information is required for identification purposes only and is in no manner used as qualifications for volunteering.

Retain copy for your file and send a copy to:
Diocesan Education Office, P.O. Box 1453, Spokane, WA 99210

FORM: 205
Revised 11/24/10