

Out of State Background Investigation Consent Form

(Parish/School Employees and Volunteers to complete if residency less than 3 years in state of Washington)

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 (please print)

MAIDEN NAME OR OTHER NAMES USED

Present Address City State Zip Code How Long?

*Date of Birth: _____

Social Security Number: _____

Driver's License Number: _____

State of License: _____

PLEASE PROVIDE 3 YEARS OF ADDRESS HISTORY. USE BACK OF PAGE IF NECESSARY

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