

CLERGY

AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF AN INVESTIGATIVE REPORT

I, the undersigned, do hereby authorize Diocese of Bridgeport, and Catholic Mutual Group, Inc., by and through its independent contractor, MIND YOUR BUSINESS, INC. ("MYB"), to procure a report and/or investigative report on me.

These above mentioned reports will include :

All:

State Criminal Check Social Security Number Trace

Financial Position Add:

Credit History

Positions with Driving Responsibilities Add:

Motor Vehicle Report

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

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to Diocese of Bridgeport, and Catholic Mutual Group, Inc., by and through MYB, including but not limited to, any courthouse, any public agency, any and all law enforcement agencies and any and all credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources, including alcohol and controlled substance information from previous employers.

I hereby release Diocese of Bridgeport, and Catholic Mutual Group, Inc., MYB and any and all persons, business entities and governmental agencies, whether public or private, 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 report and/or investigative report hereby authorized.

PRINTED NAME:

First Middle Last

SIGNATURE: DATE:

COMPLETE RESIDENCE ADDRESS:

Street Number/P.O. Box Street Name

City State Zip Code County

SOCIAL SECURITY NUMBER:

DAYTIME TELEPHONE NUMBER:

DRIVER'S LICENSE NUMBER: STATE

DATE OF BIRTH*: GENDER*:

*This information is voluntary. However, without this information, we will be unable to properly identify you in the event we find adverse information during the course of our background search. Alternatively, you may elect to call MYB directly at (888) 758-3776 X9909 to leave your Date of Birth

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

Street Number/P.O. Box Street Name City State Zip Code County

Street Number/P.O. Box Street Name City State Zip Code County

Street Number/P.O. Box Street Name City State Zip Code County

For Information contact: MYB, Inc. P.O. Box 4434, Warren, NJ 07059, (732) 302-9102

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