AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A CONSUMER AND/OR INVESTIGATIVE REPORT

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

These above mentioned reports may include, but are not limited to, employment and education verification; personal references; citations; a social security number verification; present and former addresses; criminal and civil history/record; and any other public record; and any other information bearing on my credit standing, credit capacity, worthiness, character, general reputation, personal characteristics, trustworthiness and/or mode of living.

I understand that the investigative consumer report I have authorized above may include information obtained by interviews with my neighbors, friends and/or associates and/or others with whom I am acquainted or who may have knowledge concerning said information. 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 MYB or the Diocese of Fargo and/or its agents that is made within a reasonable time after the date hereof. * If the report contains incorrect or misleading information, the individual may provide corrective information to the Diocese.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to The Diocese of Fargo and/or its agents, 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 The Diocese of Fargo and/or its agents, 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 procuring, selling, providing, brokering, and/or assisting with the compilation or preparation of the consumer report and/or investigative consumer report hereby authorized. This release relates only to the compilation or preparation of the consumer report and /or investigative consumer report described herein. This release does not apply to any other potential claims or causes of action that are unrelated to the compilation or preparation of the consumer report and/or investigative report.

PRINTED NAME: _____
First Middle Last Other/Maiden (**within past 7 years only**)

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 ISSUED:_____

DATE OF BIRTH*:_____GENDER*:_____

* **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.**

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

(*List any additional addresses on the back of the form).

☐ Minnesota employees – Please check here to have a copy of your Investigative Report mailed to you.

☐ California employees – Please check here to have a copy of your Investigative Report mailed to you.

Position Description/Title:_____Check One: ☐Paid ☐ Volunteer

SIGNATURE: _____ DATE:_____