



Episcopal Diocese

— OF CENTRAL FLORIDA —

For: _____
Name of Church, Institution/Discernment/Search Process

Background Inquiry Release Form

In relation to my serving in the Diocese of Central Florida, I understand and authorize the access of information from various federal, state, and other agencies maintaining information regarding any public record information. I also understand this information may be accessed during my service and up to 30 days after separation from this diocese. I hereby consent to your obtaining various public record information from Diocesan/Church employers, from Praesidium, Inc. and from Professional Screening Services, Inc. and/or any other party or agency, in accordance with the Fair Credit Reporting Act and any and all state federal laws. I also understand that the requested information below is to be used for proper identification only and not for discriminatory purposes.

Please clearly print the following information. Failure to do so could result in the need to reprocess with additional fees.

(First Name) (Full Middle Name) (Last Name)

(Street Address)

City State County (Zip code)

Social Security Number _____ Date of Birth _____

Gender _____ Driver's License Number _____ State _____

Email _____

PLEASE SELECT FROM THE FOLLOWING SEARCHES:

_____ **Multi-state Criminal background check & National Sex Offender Registry check**
(Volunteers, staff, elected positions, aspirants, clergy, people in the discernment process)

_____ **Motor Vehicle Record check**
(driving on behalf of the institution, people in the discernment process)

_____ **Credit Record check**
(processing any finances or monies for the institution, people in the discernment process)

Signature

Date

1017 E. Robinson Street, Orlando, FL 32801-2023

www.cfdiocese.org

407-423-3567