



The Episcopal Church 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.

(Signature)

(Date)

Please print the following information:

(First Name)

(Full Middle Name)

(Last Name)

(Street Address)

(City)

(State)

(County)

(Zip code)

List other counties/states where you have lived within the past ten years:

Social Security Number _____

Date of Birth _____

Gender _____ Driver's License Number _____ State _____

Email _____

Include the following searches:

- _____ Multi-state Criminal background check & National Sex Offender Registry check
_____ Motor Vehicle Record check
_____ Credit Record check

*"He is the one we proclaim, admonishing and teaching everyone with all wisdom,
so that we may present everyone fully mature in Christ." - Colossians 1:28*

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