

**Episcopal Diocese of Florida
325 Market Street
Jacksonville, FL 32202**

**Disclosure and Release of Information Authorization
Consumer Report/Investigative Consumer Report
Important: Please read carefully**

As an applicant for **employment** or an employee, you are a consumer with rights under the Fair Credit Reporting Act. When evaluating you for employment, promotion, reassignment, or retention as an employee, a consumer report or an investigative consumer report may be obtained from a consumer reporting agency and may be obtained at any time during the application process or during your employment.

I authorize the **Episcopal Diocese of Florida** and **LexisNexis Screening Solutions Inc.**, a consumer reporting agency, to obtain information from all personnel, educational institutions, government agencies, companies, corporations, credit reporting agencies, law enforcement agencies at the federal, state or county level, relating to my past activities, to supply any and all information concerning my background. The information obtained may include, but is not limited to, academic, residential, achievement, previous employment verification and/or job performance, workers compensation, professional licenses, credit reports, driving history, and criminal history records.

I understand that a Consumer Report or Investigative Consumer Report may be prepared summarizing this information. The report may include information obtained through personal interviews regarding my character, general reputation, personal characteristics and/or mode of living. I may also have the right to request additional disclosures regarding the nature and scope of the investigation as well as a written summary of my rights under the Fair Credit Reporting Act. If requested, the consumer reporting agency will explain the contents of my file. I understand that proper identification will be required and that I should direct my request to: **The Episcopal Diocese of Florida, ATTN: Karen Belson, 325 N. Market St., Jacksonville, FL 32202. Phone (904) 356-1328 FAX (904) 355-1934.**

I understand that by requesting this information, no promise of employment is being made. I also understand that a photocopy of this authorization be accepted with the same authority as the original; and that if employed by the **Episcopal Diocese of Florida** this authorization will remain in effect throughout such employment. **I understand that the information requested below regarding date of birth, race and sex is for the sole purpose of gathering the above information accurately, and will not be used to discriminate against me in violation of any law.**

NOTE: I am providing the following voluntarily. **PLEASE PRINT CLEARLY**

REQUESTED BY: _____
(NAME OF CHURCH, SCHOOL, AGENCY, OR CAMP)

NAME _____
First Middle (Full) Last Other Names Known By

SOCIAL SECURITY # ____ - ____ - ____ **DATE OF BIRTH (for ID purposes only)** ____ - ____ - ____
MO DAY YR

SEX ____ **RACE** ____ **DRIVER'S LICENSE #** _____ **STATE** ____

CURRENT ADDRESS _____

CITY/STATE/ZIP _____

READ, ACKNOWLEDGED AND AUTHORIZED – I authorize LexisNexis to contact me at _____
for clarification of any information provided. Phone Number

Signature _____ Date _____

Sworn to and subscribed before me this ____ day of _____, 20____

Identification Produced:
Driver's License: _____
Student I.D. _____
Other: _____

Notary Public, State of _____ Stamp or Seal of Notary Public

PLEASE PROVIDE A COPY OF A VALID PICTURE I.D.

If you are applying for employment in California, Minnesota, or Oklahoma and would like a copy of any Consumer Report prepared on you please check this box. If you elect not to receive a copy please check this box.