

BYZANTINE CATHOLIC ARCHDIOCESE OF PITTSBURGH

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**CLERGY, EMPLOYEE, VOLUNTEER BACKGROUND CHECK
DISCLOSURE AND AUTHORIZATION FORM**

DISCLOSURE

This is to inform you that a report is being obtained from an independent agency (First Advantage) on behalf of the Archdiocese of Pittsburgh. This report is for the purpose of evaluating your suitability for service within the Archdiocese according to the norms set forth in the *Charter for the Protection of Children and Young People* as mandated by the United States Conference of Catholic Bishops and in the *Policy on Sexual Misconduct of the Archdiocese of Pittsburgh*. This report will be treated with the strictest confidence and with absolute commitment to your right to privacy and attention to your legal and canonical rights.

AUTHORIZATION

I hereby authorize the Archdiocese of Pittsburgh to make an independent investigation of my background, references, and records for the purpose of confirming my suitability for service in the Archdiocese.

Signature: _____

Date: _____

The following is true and correct to the best of my knowledge: *(Please print)*

Name: _____

Maiden Name or Other Names used: _____

Street Address: _____

City/State/Zip: _____

Telephone: _____

Date of Birth: _____

Social Security Number: _____

Parish, City, State _____