

MIND YOUR BUSINESS, INC.
**AUTHORIZATION AND RELEASE FOR THE PROCUREMENT
OF AN INVESTIGATIVE REPORT**

Revised February 14, 2011

I, the undersigned, do hereby authorize the **Diocese of Knoxville**, by and through its independent contractor, MIND YOUR BUSINESS, INC. ("MYB"), to procure an investigative report on me.

These above mentioned reports may include, 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.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative report prepared on me upon written request to MYB that is made within a reasonable time after the date hereof.

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 Knoxville**, by and through MYB, including any courthouse, any public agency, any and all law enforcement agencies, 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 release MYB to sell or provide information to the Diocese of Knoxville. I understand that the foregoing release pertains only to providing an investigative report to the Diocese of Knoxville, and that this information will not be sold, provided, or brokered in any other way.

PRINTED NAME: _____
First Middle Last

ALIAS (AKA): _____
MAIDEN NAME First Middle Last

SIGNATURE: _____ DATE: _____

COMPLETE RESIDENCE ADDRESS: _____
Street Number/P.O. Box Street Name

City State Zip Code County

SOCIAL SECURITY NUMBER: _____

DAYTIME TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

DRIVER'S LICENSE NUMBER: _____ STATE ISSUED: _____

DATE OF BIRTH*: _____ GENDER*: _____

Alternatively, you may elect to call MYB directly at (888) 758-3776 X9909 to leave your Date of Birth.

*** This information is voluntary. However, 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; and without an acceptable investigative report, you will not qualify for the position for which you are being considered.**

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

Street Number/P.O. Box Street Name City State Zip Code County

Street Number/P.O. Box Street Name City State Zip Code County

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