

Episcopal Diocese of Northwest Texas Criminal History Authorization Form

Name: _____
Last Name _____ First Name _____ **Full Middle Name** _____

Current Address: _____

Home Phone _____ Work/Cell Phone: _____

Date of Birth: _____ / _____ / _____ Social Security # _____

Driver License # _____ State of Issue: _____

Email: _____ (REQUIRED)

Sex: Male Female

Have you ever been convicted of a felony? Yes No

Have you ever been convicted of a misdemeanor, including minor traffic violations? Yes No

Do you plan on transporting children or youth more often than 3 times per year? Yes No

**other name(s) used by you or by which you have been known (add more on back if necessary):

**Name: _____
Last Name _____ First Name _____ Middle Initial _____

If you have lived at your current address less than 7 years, list all previous addresses for the past 7 years. Use the back of the form if necessary.

Street Address	City	State	County	Zip Code	From Mo/Yr	To Mo/Yr
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I hereby authorize any law enforcement agency and/or criminal background service provider, including a police department, the Texas Department of Public Safety and the Texas Department of Corrections, to release to the office of the Bishop of the Episcopal Diocese of Northwest Texas, my complete criminal history record. I understand that the office of the Bishop will not provide me with a copy of my criminal history record; however, I further understand that, upon my request the office of the Bishop may quote to me data from the report. Thereafter, I have the right to challenge the accuracy of my criminal history record.

I also authorize the office of the Bishop to perform a sexual offender registry check on me.

I also authorize the office of the Bishop to perform a driving records check on me if deemed necessary by the office of the Bishop. I understand that the information I am providing about age, sex, and race/ethnicity will not be used to determine volunteer eligibility, but will be used solely for the purpose of obtaining criminal history record information.

This authorization shall be in effect for one year from the date of my signature.

Signature _____

Date _____