



**DIocese OF ALLENTOWN**  
 OFFICE OF CATHOLIC HEALTH,  
 HUMAN SERVICES, AND YOUTH PROTECTION  
*OFFICE OF THE SECRETARY*  
 POST OFFICE BOX F  
 ALLENTOWN, PENNSYLVANIA 18105-1538

**Background Check Authorization Form**

Have you resided in the State of Pennsylvania for more than a year?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

Does position require interaction with children? Yes \_\_\_ No \_\_\_

UEID \_\_\_\_\_

Location Type:

- Parish
- School
- Both

Diocesan Position:

- Contractor
- Employee
- Priest
- Religious
- Teacher
- Volunteer

**PERSONAL INFORMATION - PLEASE PRINT**

Full Name \_\_\_\_\_  
Last First Middle

Female  
 Male

Alias(es) \_\_\_\_\_  
Last First Middle

Race \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_  
Mm dd yyyy

Social Security Number \_\_\_\_\_  
Employees Only

Current Address: \_\_\_\_\_  
Street Address Apartment Number

\_\_\_\_\_  
City State Zip Code

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Diocesan Location \_\_\_\_\_  
Site Name (IE St. Joseph) City (Bethlehem)

**ACKNOWLEDGEMENT SIGNATURE**

*I hereby grant the Diocese of Allentown permission to complete a Criminal Background Check, to conduct a social security number verification, FBI fingerprinting and to complete a Motor Vehicle Check, if applicable. I consent to the Diocese following these procedures, making these inquires and sharing this information with another Roman Catholic Diocese, as necessary.*

\_\_\_\_\_  
Signature Date

- \* Forward completed form to your Local Safe Environment Coordinator, or Janice Woolley, Audit & Training Supervisor, PO Box F, Allentown PA 18105.
- \* Parish /School must retain a copy of this completed form in the employee/volunteer's file.