

**St. Charles School**

**Consumer Credit Report Authorization**

**In order to ensure that the Archdiocese of Milwaukee is operating in a safe and sound manner, consistent with its responsibilities and obligations to the faithful and to the community, the Archdiocese requests that a “consumer credit report” as that term is defined in the Fair Credit Reporting Act (15U.S.C.§1681a), be prepared for employment and volunteer purposes, following the date you sign this document. Your signature below will grant and acknowledge the archdiocese’s authority to obtain such a consumer credit report.**

I hereby acknowledge that I have read the foregoing and understand this disclosure, and agree to grant the Archdiocese of Milwaukee, its subsidiaries and affiliates, and its and their employees and agents, authority to obtain a consumer credit report (criminal record check).

\_\_\_\_\_  
(Last name)                      (First name)                      (Middle name)

\_\_\_\_\_  
(Date of birth)                      (Social Security #)

\_\_\_\_\_  
(Former/other names used)                      (Current Address—Street City, State, ZIP)

\_\_\_\_\_  
(Signature)    (Date)

**Please Note: All information submitted including social security number will be held in strictest confidence and will not be used for any other purpose.**