BYZANTINE CATHOLIC ARCHEPARCHY OF PITTSBURGH

66 Riverview Avenue, Pittsburgh, Pennsylvania 15214 Phone 412 231-4000 Fax: 412 231-1697

CLERGY, EMPLOYEE AND VOLUNTEER CRIMINAL BACKGROUND CLEARANCE CHECK

DISCLOSURE AND AUTHORIZATION FORM

DISCLOSURE

This is to inform you that according to Pennsylvania State Law, reports will be obtained from the Pennsylvania State Police on behalf of the Archeparchy of Pittsburgh. These reports are for the purpose of evaluating your suitability for service within the Archeparchy 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 Archeparchy of Pittsburgh. These reports will be treated with the strictest confidence and with absolute commitment to your right to privacy and attention to your legal and canonical rights.

ground for the purpose of con	nfirming my suitabilit	y for service in th	ne Archeparchy.	
Signature:	Date:			
The following is true and cor	rect to the best of my	knowledge: (Plea	ase print neatly)	
Name:First				
First	Full Middle Name		Last	
Name Suffix:	(Jr, Sr, First, Second, Third, Fourth)			
Social Security Number:		(Required)		
Date of Birth: (mm/dd/yyyy)	///		Sex: M F_	
Maiden Name or Other Name				
	Last	First	Middle I	nitial
Street Address:			Apt. #	
City:		State:	Zip:	
County:	Telephone	2:		
Email:				
Parish, City, State				
Check one: Clea	rgyEmployee	e Catechi	st Volunteer	