

Authorization to Conduct Background Check Catholic Diocese of Rockford

Criminal History Information Response Process (CHIRP)

AUTHORIZATION TO CONDUCT CRIMINAL BACKGROUND INVESTIGATION AND TO DISCLOSE
CRIMINAL BACKGROUND INFORMATION

I hereby give my consent to the Illinois State Police to conduct a criminal background check on me from all states in which I have resided or worked and authorize the Illinois State Police representatives to disclose to _____ (name of Diocesan entity) the information obtained through such investigations.

I understand that date of birth, sex and race are being requested only for the purpose of identification in obtaining accurate retrieval of records and will not be used for discriminatory purposes.

Please Print

Last Name: _____

First Name: _____

Middle Initial: _____

Other Names Used by Me: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ (ex: MM/DD/YYYY)

Gender: (circle) Male Female

Race: _____

(American Indian or Alaskan Native, Asian or Pacific Islander, Black, White or Unknown)

Applicant Signature: _____

Date: _____