

To: The Episcopal Diocese of New Jersey
Attn: Mirelle White, Executive Assistant to the Bishop
808 West State Street
Trenton, NJ 08618-5326
Phone: 609 460-5411
Email: mwhite@dioceseofnj.org

Request for Ordering Background Check and Authorization to Release/Transfer Confidential Information

I, [print or type full name] _____, hereby request the Diocese of New Jersey to initiate the following Oxford Document Management Company ("Oxford") background check(s) on me as part of my application for employment, appointment, or a volunteer position within the Diocese of New Jersey with the Requesting Entity stated below [check one or more boxes as applicable]:

- ☐ Criminal Record ☐ Motor Vehicle Record ☐ Other [describe] _____
☐ Full 10-year Check (Criminal, Motor Vehicle, Credit, National Sex Offenders Registry, and References)

I will supply in a separate document any identifying information that may be requested on the forms required by Oxford or the Diocese of New Jersey for such check(s). I hereby request and authorize the Diocese of New Jersey and/or Oxford to release any and all information it has about me, to send copies of any and all documents it has about me or summaries thereof, or those portions requested, to:

_____ [the Requesting Entity] to the attention of **Mirelle White**, whom I authorize to transmit this Request and Authorization to the Diocese.

I hereby RELEASE AND HOLD HARMLESS from liability the Requesting Entity and the Episcopal Diocese of New Jersey and their officers, employees, and agents, from all liability arising out of or related to the Episcopal Diocese of New Jersey's releasing and providing information, documents, or summaries thereof to the Requesting Entity listed above.

A photocopy or facsimile or other electronic transmission of this Request and Authorization can be treated as an original. This document shall be valid for a period of one year from the date of my signature.

Signature

Date Signed

Print or Type Name

Date of Birth

Residence Address - Print or type:

Telephone contacts:

Day: _____

Evenings: _____

Cellphone: _____

Email: _____

Signature of Witness

This background check is being completed for (check one):

____ COP ____ COD ____ School for Deacons

____ For licensing, or for the following entity:

Print or Type Witness' Name

Church: _____ **Town:** _____