



**Episcopal Diocese of Texas
BACKGROUND INQUIRY RELEASE FORM
HOLY SPIRIT EPISCOPAL SCHOOL**

I expressly authorize, without reservation, Holy Spirit Episcopal School, its representatives, employees or agents to contact and obtain information about me from all public agencies in accordance with the Fair Credit Reporting Act and any and all state and federal laws. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the process and all other persons, corporations or organizations for furnishing such information about me. I also understand that this information may be accessed during my service and up to thirty (30) days after the termination of my relationships with Holy Spirit Episcopal School.

I understand that Holy Spirit Episcopal School does not unlawfully discriminate and that the below requested information is to be used for proper identification only and not for discriminatory purposes.

Signature: _____

Date: _____

COMPLETE THE FOLLOWING INFORMATION – PLEASE PRINT!

Name: (Last)	(First)	(Middle)
Previous Names You May Have Gone By:		
Social Security Number:		Date of Birth:
Driver's License Number:		State:
Current Home (Physical Street) Address:		
City/State/Zip:		County of Residence:
Email Address:		Phone Number:

PREVIOUS ADDRESSES (PAST 10 YEARS):

Street Address:	From/To:
City/State:	County (Not Country):
Street Address:	From/To:
City/State:	County (Not Country):
Street Address:	From/To:
City/State:	County (Not Country):
Street Address:	From/To:
City/State:	County (Not Country):
Street Address:	From/To:
City/State:	County (Not Country):

For Office Use Only (Check All That Apply):

Criminal Record:

Driving Record: