

# 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: \_\_\_\_\_

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: \_\_\_\_\_