

**BACKGROUND CHECK REPORT SHARING  
PRE-SERVICE APPLICANT RELEASE**

*Background check reports more than 3 years old may not be shared.*

**I, hereby authorize**

Parish/School/Office \_\_\_\_\_  
*Name of parish, school or archdiocesan office where background check report is currently on file*

Parish/School/Office Address \_\_\_\_\_

Parish/School/Office Phone number: \_\_\_\_\_

Parish/School/Office Contact person: \_\_\_\_\_

**to furnish copies of all background check information received by it to**

Parish/School/Office Holy Trinity Parish  
*Name of parish, school or archdiocesan office where you would like a copy of your background check report sent*

Parish/School/Office Address 749 Sixth Avenue South, South St. Paul, MN 55075

Parish/School/Office Phone number: 651-455-6004 plevesseur@holymtrinityssp.org

Parish/School/Office Contact person: Pam LeVesseur, Safe Environment Coordinator

**where I may also work as an employee or volunteer.**

By my signature below, I reaffirm the release of liability I executed with regard to my previous background report and I further hold harmless the Parishes/Schools and the Archdiocese of Saint Paul and Minneapolis in connection with the sharing of my report authorized herein.

Printed name of employee or volunteer applicant \_\_\_\_\_

Signature of employee or volunteer applicant \_\_\_\_\_

Date: \_\_\_\_\_  
MM / DD/ YYYY