



The Episcopal Church Diocese of Central Florida

For: _____
(Church or Organization)

Background Inquiry Release Form

In relation to my serving in the Diocese of Central Florida, I understand and authorize the access of information from various federal, state, and other agencies maintaining information regarding any public record information.

I also understand this information may be accessed during my service and up to 30 days after separation from this Diocese. I hereby consent to your obtaining various public record information from Diocesan/Church employers, from Professional Screening Services, Inc. and/or any other party or agency, in accordance with the Fair Credit Reporting Act and any and all state and federal laws. I also understand that the requested information below is to be used for proper identification only and not for discriminatory purposes.

Signature _____ Date _____

Please print the following information

Name: _____
(First) (Middle) (Last)

Current Address _____
(Street)

(City) (State) (Zip code)

Previous Address (only if at current address *less than 5 years*)

(Street)

(City) (State) (Zip code)

Social Security Number _____ Date of Birth _____

Gender _____ Driver's License Number _____ State _____

Diocese where you are canonically resident _____

Diocese in which you currently serve (if different) _____

Return completed form to: 1017 East Robinson Street, Orlando, FL 32801
ATTN: The Reverend Canon Ernest L. Bennett

Mar.02