



BACKGROUND CHECK AUTHORIZATION FORM

Name: _____
First Middle Last

Other Names Used: _____

Social Security Number: _____ - _____ - _____ Date of Birth: _____ - _____ - _____
Month Day Year

Texas Driver License Number: _____ Expiration Date: _____

Please list counties and states where you have lived outside of Texas within the past ten years.

BACKGROUND CHECK PURPOSE

___ Employment ___ Driver ___ Clergy ___ Religious

___ Diocese of Brownsville – Department Name: _____

Position Title: _____

___ Parish Name: _____ City: _____

Position Title: _____

I authorize the Diocese of Brownsville to obtain a copy of my history record information from the Texas Department of Public Safety, the Texas Department of Criminal Justice, the Federal Bureau of Investigation identification division, or any other law enforcement agency.

Signature: _____ Date: _____

Return Authorization Form to: **Office of Human Resources**
Attn: Annita M. Gonzalez
1910 University Blvd.
Brownsville, TX 78520