



## CRIMINAL RECORD RELEASE AUTHORIZATION

*The policy of the Eparchy of Newton requires that all clergy, employees, and volunteers who have regular contact with children under 18 years of age undergo a criminal background check and that this be documented at the Eparchial Chancery. Please complete and sign this Criminal Record Release Authorization. If you are not a citizen of the United States please also attach a copy of your registered alien card or other proof that you legally reside in the United States.*

### Affirmations

1. **Have you ever been investigated by any child protection agency?** Yes \_\_\_\_\_ No \_\_\_\_\_  
(If yes, please explain on a separate sheet and attach it to this form.)
2. **Have you ever committed, been accused of, or been convicted of physical or sexual abuse, neglect, harassment, or sexual misconduct in any form?** Yes \_\_\_\_\_ No \_\_\_\_\_  
(If yes, please explain on a separate sheet and attach it to this form.)
3. **Have you ever been subject to any court order involving allegations of sexual, physical, or verbal abuse of a minor?** Yes \_\_\_\_\_ No \_\_\_\_\_  
(If yes, please explain on a separate sheet and attach it to this form.)

### Certifications and Authorizations

*Please initial each of the statements below and sign at the bottom to indicate you have read and understand the statements.*

\_\_\_\_\_ I certify that the above information is true and complete to the best of my knowledge and I understand that any statement I have furnished which is shown to be false when made will be cause for appropriate penalties and that I have an obligation to update the information I have provided on this form if it changes.

\_\_\_\_\_ I authorize the release of my criminal record information to the Eparch of Newton and his delegates, and those with a legitimate need to know in accordance with Church and Civil Law. In addition, I release any person, firm, corporation, or government agency from any previous agreement, verbal or written, which would prohibit the release of information pertinent to this background check.

\_\_\_\_\_ I understand, in accordance with Church Law, that no person who admits or is found to have sexually abused a child can exercise any ministry in the Church and that the Eparchy of Newton has a policy regarding the thorough investigation of all reports of child sexual abuse by any church personnel. I further understand that the Eparchy of Newton cooperates fully with the civil authorities in their investigation of all reports of a crime, including the sexual abuse of a minor.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Pastor** \_\_\_\_\_ **Date** \_\_\_\_\_