



# Diocese of Brownsville Criminal Background Check Authorization Form

Human Resources

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

Name: \_\_\_\_\_  
Last First Middle

Other Names Used: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sex: M / F  
Month Day Year

Texas Driver License Number: \_\_\_\_\_

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

State	County
_____	_____
_____	_____
_____	_____
_____	_____

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For employment at: \_\_\_\_\_  
(Catholic Diocese of Brownsville)

Return Criminal Record to:

Mrs. Genie Treviño  
Human Resources Director  
P. O. Box 2279  
Brownsville, TX 78522-2279

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