

ARCHDIOCESE OF LOUISVILLE
CONSUMER CREDIT RELEASE FORM

By my signature below, I authorize the Archdiocese of Louisville to obtain a Consumer Credit Report on me. This authorization is valid for the purposes of obtaining my previous credit information pursuant to my employment with the Archdiocese of Louisville.

Name: _____
 Last First Middle

Social Security Number: _____ - _____ - _____

Date of Birth: _____ _____ _____
 Month Day Year

Current Street Address: _____

City, State, Zip: _____

Home Telephone Number: _____

Cell Phone Number: _____

Print Name

Signature

Date: _____