



# Diocese of Tulsa

## Authorization for Release of Information

Date: \_\_\_\_\_ Name of Employee/Covered Volunteer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ SS# \_\_\_\_\_

I \_\_\_\_\_ authorize \_\_\_\_\_ Parish to certify

that I have complied with and completed the requirements necessary to serve as a Employee/Covered Volunteer as set forth in the Roman Catholic Diocese of Tulsa Procedural Manual for Screening and Hiring Church Personnel.

\_\_\_\_\_  
*Employee/Covered Volunteer's Signature.*

## Verification of Individual Status

Per your request, \_\_\_\_\_ has fulfilled all the  
(name of employee or volunteer)  
requirements, in accordance with the *Diocese of Tulsa Procedure Manual For Screen and Hiring Church and School Personnel*, and is in good standing with our parish. The list below reflects the dates these forms and VirtusTraining were completed and filed with our office.

| Form Name   | Date Completed mo./yr. |                 |
|---|------------------------|-----------------|
|   | Employee               | Cov'd Volunteer |
| A-1 Sexual Abuse Policy                                   |                        |                 |
| A-2 Sex Offender Search                                   |                        |                 |
| A-3 or A-6 OSBI Criminal History Name Search              |                        |                 |
| A-4 Criminal History Name Search [Non-resident]           |                        |                 |
| A-7 FBI Finger Print Criminal Search [new employees only] |                        |                 |
| E-1 or V-1 Employee/Covered Volunteer Registration        |                        |                 |
| E-2 or3 or V-2 Employee/Covered Volunteer Reference       |                        |                 |
| VIRTUS Training   |                        |                 |

\_\_\_\_\_  
*Name (Pastor or Appointed Designee) Title Parish*

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

### RETURN TO:

Requesting Parish or Diocesan Office \_\_\_\_\_

Name of Requestor \_\_\_\_\_

Please Mail \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Please Fax: # \_\_\_\_\_