

Archdiocese of Portland in Oregon

AUTHORIZATION FOR DISCLOSURE OF INFORMATION

APPLICANT: Complete Section I. If applicable, complete Section II. Use a separate Authorization form for each of your three (3) most recent employers who are education providers.

SECTION I

Applicant Name (First, Middle, Last) [include any other names previously used during employment] Please print.

I have never worked for an education provider (employer providing educational services to minors).

OR

I authorize the following employer/education provider to release to the Archdiocese of Portland in Oregon, all information related to any substantiated reports of child abuse, sexual conduct or crimes listed in ORS 342.143. I release the following employer and employees acting on behalf of the employer from any liability for providing information described in this document.

Applicant Signature

Date

SECTION II

Current/Former Employer/Education Provider

The applicant named above is under consideration for employment as a substitute teacher in a Catholic school. This individual has previously been employed with your organization. As a former employer, we request you provide the information requested on this form within 20 business days pursuant to ORS 339.374.

Education Provider: _____

Attn: Human Resources Department (email: _____)

Address: _____

Dates of Employment: _____

Position(s) Held: _____

TO BE COMPLETED BY CURRENT/FORMER EMPLOYER ONLY

Applicant

Has not been the subject of a substantiated report of child abuse or sexual conduct.

and

Is not the subject of an ongoing investigation related to a report of suspected child abuse or sexual conduct.

Has been the subject of a substantiated report of child abuse or sexual misconduct.

Dates of any substantiated reports: _____

- Please attach the definitions of child abuse and sexual conduct used when the education provider determined that any reports were substantiated and the standards used by the education provider to determine whether any reports were substantiated.
If the employee was convicted of a crime listed in ORS 342.143, please send the employee's disciplinary records as required by ORS 339.388 (7).

Employer has no record of applicant's employment. Please explain: _____

Employer Representative Signature

Date

Printed Name

Job Title

Return completed form to:

Department of Catholic Schools/Dina Boyle dboyle@archdpdx.org
Phone: 503-233-8348 Fax: 503-236-3683
2838 E. Burnside St.
Portland, OR 97214