## DIOCESE OF CHARLESTON CREDIT AUTHORIZATION FORM

Parish/	h/School/Office Name:	Location:	
CREDIT	IT HISTORY: Please note. A <u>yes</u> response wi	Il result in a credit history check.	
1.	·	ess to funds and/or making financial decisions for a diocesan office, o. (If No, you do not need a credit history check and should not	
	If yes, position duties:		
2.	•	ess to funds and/or making financial decisions for a diocesan office, o. (If No, you do not need a credit history check, and should not	
	If yes, position duties :		
	If you answered yes to either of the above listed questions, please provide the requested information below and submit this form, along with the Basic Data Form, to the Safe Environment Coordinator at your parish/school or the HR official handling your employment.		
	Social Security Number (required) :	DOB:	
	Please Print Full Name		
	Complete Address		
	Signature	Date:	
	For use by the Safe Environment Coordinator/Pastor/Principal/HR official only		
	☐ A credit check needs to be performed or	n this individual whose job/volunteer responsibilities include access to	
	☐ A credit check needs to be performed or funds and /or the making of financial decis	• •	
	funds and /or the making of financial decis	• •	

Form: 2011-03

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11.09.16

07.26.21

11.03.21

04.07.22