

INFORMED OF “THE SEXUAL MISCONDUCT TOWARD MINORS AND OTHERS AT RISK”, THE POLICY OF THE DIOCESE OF GARY

\_\_\_\_\_ I have read the “Sexual Misconduct Toward Minors and Others at Risk.”

\_\_\_\_\_ I have had the opportunity to discuss the “Sexual Misconduct Toward Minors and Others at Risk” with a building administrator or athletic director.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Position

\_\_\_\_\_  
Building

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**Request for Limited Criminal History Information**

Because the safety of our students is of paramount importance, criminal history information for every employee and volunteer at every school in the Diocese of Gary is to be checked. No fee is required for this information check. Please fill in the blanks below and return this form to the principal of your school.

I hereby give my authorization for a limited criminal history check by the Diocese of Gary.

Name (please print full legal name)\_\_\_\_\_

Date of birth:\_\_\_\_\_

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