

Exhibit B

**DIOCESE OF NASHVILLE
AUTHORIZATION TO OBTAIN INFORMATION
AND RELEASE**

I, _____ do hereby authorize representatives of
(Print FULL name here)

_____ and the Diocese of Nashville to contact any previous employers and/or references, to conduct criminal history checks, social security verifications and driving history searches, and to release all investigative records for examination for the purpose of verifying the accuracy of information contained on an application to work for or volunteer on behalf of _____.

I understand that I am entitled to a complete and accurate copy of any background report of which I am the subject upon my request to the Diocese.

I hereby authorize my former employers to release the requested information and to comment on my work record. I agree to hold my former employers and the Diocese of Nashville, its agents, subsidiaries, and representatives harmless concerning any liability with respect to any information that may be provided in response to these inquiries.

I hereby release _____, the Diocese of Nashville, its agents, subsidiaries, representatives, and any and all persons and entities from any and all liability with respect to information provided or in response to these inquiries. I understand that this Authorization/Release form shall remain in effect for the duration of my affiliation with the Diocese of Nashville and may be updated.

Applicant's Signature

Applicant's Address

Date