

OFFICE OF CHILD AND YOUTH PROTECTION

EAPPS Profile Authorization Form

THIS FORM MUST BE COMPLETED IN ORDER TO AUTHORIZE ADDITIONAL DIOCESAN INSTITUTIONS ACCESS TO YOUR CHILD PROTECTION EAPPS PROFILE.

Please "PRINT" your name and the name of the secondary diocesan institution in the blanks provided below. Your signature and date of authorization is required.

I _____ hereby grant _____ access
Applicant Diocesan Institution

to my EAPPS database profile. I understand that verification of my approved child protection credentials is required by diocesan institutions prior to approval for ministry with minors in a secondary location.

Applicant Signature

Date