The Roman Catholic Diocese of
BATON ROUGE
CHILD AND YOUTH PROTECTION

CAPS Profile Authorization Form

THIS FORM MUST BE COMPLETED IN ORDER TO AUTHORIZE ADDITIONAL DIOCESAN INSTITUTIONS ACCESS TO YOUR CHILD PROTECTION CAPS 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 _____
Applicant Diocesan Institution

access to my CAPS 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