



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 _____
Applicant Diocesan Institution

access 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