



## 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