

DIOCESE OF ALLENTOWN

SECRETARIAT OF EVANGELIZATION, EDUCATION & FORMATION
Post Office Box F
Allentown, PA 18105
(610) 871-5200

REQUEST FOR AUTHORIZATION FOR A SPEAKER ON ANY RELIGIOUS TOPIC

Date of Request :	
Title of Event:	
Place of Event:	
Name of Event Coordinator:	Coordinator Phone:
Email Address of Coordinator:	
Parish/Agency:	
Address:	
Name of Speaker:	
Contact Information of Speaker:	
Please list any websites/social media platforms for the	Speaker:
Will the presentation be in English or Spanish?	Another language?
Topic:	
Audience:	

Diocese of Al Speaker Auth page 2	lentown orization Form				
Will Speaker Have Direct Contact with ChildrenYESNO (If yes, please attach: Pennsylvania State Police Criminal Record Check (Pennsylvania Access to Criminal History (PATCH)) • Pennsylvania Child Abuse History Clearance • Federal Bureau of Investigation Criminal Background Fingerprint Check (18+ year old)					
Please atta Background:	ch Speaker's Curriculum Vii	tae or provide requested i	nformation in the spa	ce below.	
Credentials:					

Please return form to:

Mrs. Magdalene Riggins
Secretariat for Evangelization, Education, and Formation
Post Office Box F
Diocese of Allentown
Allentown, Pennsylvania 18105
mriggins@allentowndiocese.org