

Additional Residency

FORMER ADDRESS _____

CITY/TOWN: _____, STATE: _____, ZIP CODE: _____, YEARS LIVED: _____ MOS: _____

FORMER ADDRESS _____

CITY/TOWN: _____, STATE: _____, ZIP CODE: _____, YEARS LIVED: _____ MOS: _____

FORMER ADDRESS _____

CITY/TOWN: _____, STATE: _____, ZIP CODE: _____, YEARS LIVED: _____ MOS: _____

***THIS FORM MUST BE ACCOMPANIED BY A VALID DRIVER'S LICENSE OR VALID GOVERNMENT PHOTO ID (REQUIRED BY LAW).**

OSE 07.2020/CSA 02.2021

TO BE COMPLETED BY THE CATHOLIC SCHOOL - Please Print

This section to be completed by the **DIOCESAN REPRESENTATIVE** verifying identification of the applicant.

APPLICANT NAME (As it appears on Identification): _____

SITE: _____ CITY/TOWN: _____

New Renewal Transferred from within CSA: _____
Name of Previous School

Paid Employee (describe position): _____

Sub-Contractor (describe position): _____

Volunteer (describe position): _____

Form of identification Provided:

Driver's License _____ _____ _____
State Identification Number Expiration Date

Passport _____ _____ _____ / _____
Country Identification Number Date of Issue Expiration Date

Printed Name of Verifying Diocesan Employee Position of Verifying Diocesan Employee

Signature of Verifying Diocesan Employee Date