

DIOCESE OF FALL RIVER Office of Safe Environment - Catholic School Alliance

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CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

The Diocese of Fall River is registered under the provisions of M.G.L., Ch. 6, Sec. 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, or volunteers. As a prospective or current employee, subcontractor, or volunteer, I understand that a CORI check will be submitted with my personal information to the DCJIS. I hereby acknowledge and provide permission to the Diocese of Fall River to submit a CORI check with my information to the Department of Criminal Justice Information Services. This authorization is valid for (1) one year from the date of my signature. I may withdraw this authorization at any time by providing the Diocese of Fall River with written notice to the above address of my intent to withdraw consent to a CORI check. By signing this form, I provide my consent to a CORI check and affirm that the information provided in this form is true and accurate.

Applicant Signature:			Date:					
PLEASE TYPE/PRINT NEATLY AND COMPLETE ALL FIELDS OF INFORMATION.								
	Use Blo	ue/Black Ink on	ly.					
<u>*If som</u>	ething does not a	pply please pri	nt N/A c	on that line.*	• •			
Please use your Full Legal N	ame when completin	ng this form. <u>Do r</u>	n <u>ot use</u> al	bbreviated vers	sions of your name			
LAST NAME	FIRST NAMI	E N	 11	MAIDEN	NAME			
ALIAS/FORMER NAME	LAST SIX DIGITS OF	NLY OF SOCIAL SECURI		# MOTHER'S MAIDEN NAME				
DATE OF BIRTH (MM/DD/YYYY)			PLACE OF BIRTH (CITY/TOWN & STATE)					
EMAIL:								
Ple	ase provide a <u>persona</u> l	l email address not	a work en	nail address.				
TELEPHONE(Preferred):			□ Cell	□ Home	□ Work			
You must	provide address in	nformation for onal space available on		t ten (10) yed	ars.			
CURRENT STREET 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: ____

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 ACCOM	PANIED BY A VALID DRIVER	R'S LICENSE OR VALID GO	VERNMENT PHOTO ID (RE	QUIRED BY LAW).		
TO BE O	OMPLETED BY TH	E CATHOLIC SCHO	OOL - Please Print			
	U DIOCECAN DED	DECEMITATIVE OF				
This section to be completed	by the DIOCESAN REP	RESENTATIVE verifyii	ng identification of the	applicant.		
APPLICANT NAME (As it appe	ars on Identification): _					
SITE:		CITY/TOWN:				
511L						
New Renewa	Transferred from within CSA: Name of Previous School					
Paid Employee (describe posit	ion):					
Sub-Contractor (describe posi	tion):					
/-l						
/olunteer (describe position):						
Form of identification Prov	ided:					
Driver's License						
Driver's License	State Identi	fication Number	Expiration Dat	 :e		
			,			
PassportCou	ntry Identification	on Number Date	e of Issue Expiration	on Date		
Printed Name of Verifying	Diocesan Employee	,Position	of Verifying Diocesan Em	ployee		
Signature of Verifying Di	ocesan Employee		Date			