



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

373 Elsbree Street, Fall River, Massachusetts 02720
TEL. (508) 687-7301 ~ EMAIL: Imedeiros@catholiccsa.org

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 Blue/Black Ink only.

If something does not apply please print N/A on that line.

Please use your Full Legal Name when completing this form. Do not use abbreviated versions of your name.

LAST NAME FIRST NAME MI MAIDEN NAME

ALIAS/FORMER NAME LAST SIX DIGITS ONLY OF SOCIAL SECURITY # MOTHER'S MAIDEN NAME

DATE OF BIRTH (MM/DD/YYYY) PLACE OF BIRTH (CITY/TOWN & STATE)

EMAIL: _____

Please provide a **personal email address** not a work email address.

TELEPHONE(Preferred): _____ ☐ Cell ☐ Home ☐ Work

You must provide address information for the past ten (10) years.

If needed, additional space available on next page.

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 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