



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

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

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**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