

DIOCESE OF FALL RIVER - Office of Safe Environment

450 Highland Avenue, Fall River, Massachusetts 02720

CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

The Diocese of Fall River (DIOCFR) 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 Department of Criminal Justice Information Services (DCJIS). I hereby acknowledge and provide permission to DIOCFR to submit a CORI check with my information to DCJIS. 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 DIOCFR 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 Acknowledgement form is true and accurate.

Applicant Signature: _____ **Date:** _____

PLEASE TYPE/PRINT NEATLY. ALL FIELDS MARKED WITH AN (*) ARE REQUIRED FIELDS BY DCJIS, ALL OTHERS ARE REQUIRED BY THE DIOCFR. PLEASE USE YOUR FULL LEGAL NAME WHEN COMPLETING THIS FORM.

*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) _____

PERSONAL EMAIL: _____

PREFERRED TELEPHONE: _____ PLACE OF BIRTH (CITY/TOWN & STATE) _____

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

*CURRENT STREET ADDRESS:

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

*FORMER ADDRESS:

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

*FORMER ADDRESS:

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

*FORMER ADDRESS:

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

*FORMER ADDRESS: _____

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

*****THIS FORM MUST BE ACCOMPANIED BY AN UNEXPIRED GOVERNMENT- ISSUED PHOTO ID (REQUIRED BY LAW)**

TO BE COMPLETED BY A DIOCESAN REPRESENTATIVE- PLEASE TYPE/PRINT

APPLICANT NAME (As it appears on Identification): _____

SITE: _____ CITY/TOWN: _____

NEW

RENEWAL

Paid Employee (describe position): _____

Sub-Contractor (describe position): _____

Volunteer (describe position): _____

UNEXPIRED GOVERNMENT- ISSUED PHOTO ID PROVIDED:

Printed Name of Verifying Diocesan Employee

Signature of Verifying Diocesan Employee

Date

FOR OFFICE USE ONLY:

ONCE FORM IS VALIDATED, EMAIL TO : OSEChancery@dioc-fr.org