



Suitability Letter Request

Requestor's Information

Requestor's Current Name:

Former Last Name:

Date of Birth:

Telephone #:

Email Address:

Current or Former Diocese of Fall River School:

Send to:

School Department:

Contact Person:

Email Address:

Requestor's Signature:

Date:

Please send completed form to Lynn Medeiros, Background Screening and Data Entry Specialist, at lynn.medeiros@dioc-fr.org.

To be completed by Background Screening/Data Entry Specialist

Date Received:

Fingerprint Date:

Suitable

Not Suitable

Date emailed:

Notes: