

..... *Unaccompanied Refugee Minor Program*

Permission to conduct CORI Background check and DCF background history check.



I give permission for Lutheran Social Services to conduct a criminal background check and DCF background check using my information below. This form and your information will be kept in a confidential location.

888 Worcester Street
Suite 160
Wellesley, MA 02482
Tel. 781-997-0800
Fax. 781-997-0888

Full Legal Name: _____

Birth Date: _____

Address: _____

Phone: _____

20 Hamilton Street
Worcester, MA 01604
Ph. (508) 791-4488
Fax. (508) 753-8051

.....
In response

to

Christ's Love,

Lutheran

Social

Services of

New England

serves and

cares for

people in need.

Signed: _____

Date: _____

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Affiliate
Lutheran
Community
Services of
Southern
New England,
an equal
opportunity
employer

Member of Lutheran
Services in America

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www.LSSNE.org