



### Principal Verification Form

Coach's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

School: \_\_\_\_\_ City: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Member of CYO Since: \_\_\_\_\_

Principal's Name (Print) \_\_\_\_\_

I, \_\_\_\_\_, verify that the above applicant has:

(Principal's signature)

1. Been fingerprinted
2. Completed VIRTUS training
3. A criminal record summary and current TB test are on file at the school
4. Has reviewed Child Abuse Reporting Procedures

### CYO OFFICE USE ONLY

<b>Form of Payment:</b>	
<b>Date of Payment:</b>	
<b>Temporary Card Issued:</b>	
<b>Temporary Card Expires:</b>	
<b>Training Class Attended:</b>	
<b>Certification Card Issued:</b>	
<b>Certification Card Expires:</b>	