

ADMINISTRATION 88 NORTH STREET HYANNIS, MA 0260I (508) 790-0400 FAX (508) 790-0969

OPERATIONS
MASSHIRE CAPE 8 ISLANDS CAREER CENTER
372 NORTH STREET
HYANNIS, MA 02601
(508) 771-JOBS (5627)
FAX (508) 862-6101

CORI REQUEST FORM

Board for access t		n certified by the Criminal History Systems I case data. As an applicant/employee for cord check will be conducted for
	nding criminal case information or information below is correct to the	
	Applicant/Employee/Volunte	er Signature
APPLICANT/EMP	PLOYEE INFORMATION (PLEAS	E PRINT)
LAST NAME	FIRST NAME	MIDDLE NAME
MAIDEN NAME OR	ALIAS (IF APPLICABLE)	PLACE OF BIRTH
DATE OF BIRTH	SOCIAL SECURITY NUMBER (Last 6 Digits are Required	
MOTHER'S NAME:	LAST NAME FIRST NAME	MAIDEN NAME
FATHER'S NAME:	LAST NAME FIRST NAME	 <u></u>
CURRENT AND FO	RMER ADDRESSES:	
SEX:HEI	IGHT:WEIGHT:	EYE COLOR:
STATE DRIVER'S L	ICENSE NUMBER:	(include state of issue)
	ORMATION WAS VERIFIED WITH TRAPHIC IDENTIFICATION:	THE FOLLOWING FORM OF GOVERNMENT
REQUESTED BY: _	SIGNATURE OF CORI AUTHORIZE	D EMPLOYEE

The CHSB Identity Theft PIN Number is to be completed by those applicants that have been issued an Identity Theft Index PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. All CORI request forms that include this field are required to be submitted to the CHSB via mail or by fax to 617-660-4614.