



CORI Request Form

LABBB Collaborative is required under the provisions of M.G.L. c.6 §172 to process a CORI for the purpose of screening current and otherwise qualified prospective employees, contractors, and volunteers.

As an individual applying for or performing the position of _____, I understand a background check will be submitted for my personal information to the DCJIS. I hereby acknowledge and authorize LABBB Collaborative to submit my CORI check. This authorization is valid for one (1) year from the date of my signature. I may withdraw this authorization at any time by providing LABBB Collaborative with written notice mailed to 123 Cambridge Street Burlington, MA 01803.

Authorizer's Signature _____
Authorization Date

Personal Information (please print):

Last Name _____
First Name _____
Middle Name

Former Last Name #1 _____
Former Last Name #2

Date of Birth * * * _ _
Social Security # (last 6) _____
Place of Birth _____
Gender _____
Race

Mother's Full Name _____
Father's Full Name _____
Eye Color _____
Height

Full Current Address

Note: Please submit a copy of your driver's license, passport, or government issued identification card with this form.

OFFICE ONLY:

LABBB Program Name _____
LABBB Director _____
Date Requested

Results Verified By:

LABBB Executive Director _____
Date Verified

Results:

_____ No Findings _____ Findings _____ If findings, date decision and copy of report mailed.