

CORI REQUEST FORM

LABBB Collaborative has been certified by the Criminal History Systems Board for access to all criminal case data including conviction, non-conviction and pending. As an applicant / employee / contract service provider or volunteer for the position of _____, at the _____ Program, I understand that a criminal record check will be conducted for conviction, non-conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

Employee / Applicant / Contracted Service Provider or Volunteer Signature Date

APPLICANT / EMPLOYEE / CONTRACTED SERVICE PROVIDER OR VOLUNTEER INFORMATION:

PLEASE PRINT

LAST NAME FIRST NAME MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE) PLACE OF BIRTH

DATE OF BIRTH SOCIAL SECURITY NUMBER ID THEFT INDEX PIN (IF APPLICABLE) *
(Requested but not required)

MOTHER'S MAIDEN NAME

CURRENT ADDRESS: _____

FORMER ADDRESSES: _____

SEX: _____ HEIGHT: _____ ft. _____ in. WEIGHT: _____ EYE COLOR: _____

Please attach a photocopy of a government issued license, passport or identification card.

The above information was verified by reviewing the following form of government issued photographic identification: Driver's License #: _____ MA NH Other: _____ US Passport Other: _____

REQUESTED BY: _____ DATE _____
Patric Barbieri, Executive Director