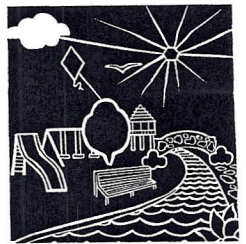




STURBRIDGE Recreation Committee

308 Main Street • Sturbridge, MA 01566
508.347.2506 • Fax 508.347.5886
www.town.sturbridge.ma.us



League Affiliation _____

STURC
172H
G

CHAPTER 6, §172H CORI REQUEST FORM

Insert name of your agency is requesting all the available criminal offender record information (CORI) on the following individual from the Criminal History Systems Board pursuant to Chapter 6 §172H which mandates organizations primarily engaged in providing activities or programs to children 18 years of age or less that accepts volunteers, to obtain all CORI regarding staff and volunteers.

APPLICANT INFORMATION (PLEASE TYPE)

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE)

PLACE OF BIRTH

DATE OF BIRTH

SOCIAL SECURITY NUMBER
(Requested, not required)

ID Theft Index PIN *
(if applicable)

MOTHER'S MAIDEN NAME

CURRENT AND FORMER ADDRESSES:

SEX:

HEIGHT: ft. in.

WEIGHT:

EYE COLOR:

STATE DRIVER'S LICENSE NUMBER:

(Include state of issue)

***THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION:

REQUESTED BY:

SIGNATURE OF CORI AUTHORIZED EMPLOYEE

*The CHSB Identify Theft Index 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 617-660-1611