

DOVER/SHERBORN PUBLIC SCHOOLS _____ **Andrew W. Keough, Ed.D.**
DOVER, MASSACHUSETTS 02030 Superintendent of Schools
Office of the Superintendent 157 Farm Street (508) 785-0036 FAX (508) 785-2239

DOVER/SHERBORN PUBLIC SCHOOLS
CH 385
G

CORI REQUEST FORM

Dover/Sherborn Public Schools 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 for the position of _____, 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.

Date Applicant/Employee Signature

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

LAST NAME FIRST NAME MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE) PLACE OF BIRTH

DATE OF BIRTH XXX-_____-_____
SOCIAL SECURITY NUMBER *ID Theft Index PIN
(LAST SIX DIGITS) if applicable

CURRENT AND FORMER
ADDRESSES: YOUR _____

MOTHER'S MAIDEN NAME _____

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

STATE DRIVER'S LICENSE NUMBER: _____
(Include State of Issue)

***THE ABOVE INFORMATION WAS VERIFIED WITH 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 617-660-4614