

**DOVER/SHERBORN PUBLIC SCHOOLS**

DOVER, MASSACHUSETTS 02030

Office of the Superintendent 157 Farm Street (508) 785-0036 FAX (508) 785-2239

**DOVER/SHERBORN PUBLIC SCHOOLS**

**CH 385**

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**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

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 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