Cambridge Public Schools **CAMSD**
159 Thorndike Street **CH385**
Cambridge, MA 02141 **G**

CORI REQUEST FORM

TO BE COMPLETED BY APPLICANT / EMPLOYEE

☐ *Applicant* ☐ *Current CPS Employee* ☐ *CPS Volunteer*

Cambridge Public Schools has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant for, or employee in, the position of *(Name of Position)*_____, *(School or Dept.)* _____, or as a volunteer at the _____ (School or Dept.), 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 provided below is correct to the best of my knowledge.

_____
Applicant/Employee Signature Date

Applicant/Employee Information *(please print clearly)*

_____ _____
Last Name First Name Middle Name

_____ _____
Maiden Name or Alias (if applicable) *Place of Birth*

_____ _____-_____-___ _____ _____
Date of Birth *Social Security Number (requested but not required)* *ID Theft Index PIN* (if applicable)*

_____
Current and Former Addresses

_____

Sex: _____ Height: ____ft. _____in. Weight: _____ Eye Color: _____

State Driver's License Number: _____ _____
Number *State of Issue*

IDENTIFICATION VERIFICATION
The above information was verified by reviewing the following form of government issued photographic identification:
Form of Photographic ID Reviewed_____Signature: _____
(E.g. photographic ID includes driver's license, passport, etc. A birth certificate or social security card may be accepted *only* if the individual does not have *a government issued photographic form of identification).*

*The CHSB Identity Theft Index 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 assure 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 of by fax to 617-660-4614.

CPS CORI REQUESTED BY: B. J. Allen, Executive Director for Human Resources
Rev. 7/10