



The Commonwealth of Massachusetts  
 Executive Office of Health and Human Services  
 Department of Public Health  
 250 Washington Street, Boston, MA 02108-4619

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**CORI REQUEST FORM**

Mass Dept. of Public Health-MA Responds has been certified by the Department of Criminal Justice Information Services (formerly the Criminal History Systems Board) for access to conviction and pending criminal case data. As an applicant/employee for \_\_\_\_\_, I understand that a criminal record check will be conducted for 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.

\_\_\_\_\_  
Applicant/Employee Signature

\_\_\_\_\_  
APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

|   |  |   |
|---|--|---|
| _____<br>LAST NAME                            | _____<br>FIRST NAME  | _____<br>MIDDLE NAME                            |
| _____<br>MAIDEN NAME OR ALIAS (IF APPLICABLE) | _____<br>PLACE OF BIRTH                                      |   |
| _____<br>DATE OF BIRTH                        | _____<br>SOCIAL SECURITY NUMBER<br>(Requested, not required) | _____<br>ID Theft Index PIN*<br>(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 DCJIS Identity Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft Index PIN Number by the DCJIS. 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 DCJIS via mail or by fax to 617-660-4614.



Attached is a CORI Request Form. Please complete the requested information, sign, and return the Form to the program for which you have volunteered either in person or by postal mail. Your photo identification will need to be checked by your local program administrator before you volunteer for an event. Program addresses are below. If you have questions please email [maresponds@state.ma.us](mailto:maresponds@state.ma.us) or phone Lindsay Tallon at 617.994.9836.

**Amherst MRC**

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**Brookline Department of Health MRC**

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**Burlington Volunteer Reserve Corps**

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**MSAR Program**

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