

CORI Request Form

LABBB Collaborative is required under the provisions of M.G.L. c.6 §172 to process a CORI for the purpose of screening current and otherwise qualified prospective employees, contractors, and volunteers.

As an individual applying for or performing the position of _____, I understand a background check will be submitted for my personal information to the DCJIS. I hereby acknowledge and authorize LABBB Collaborative to submit my CORI check. This authorization is valid for one (1) year from the date of my signature. I may withdraw this authorization at any time by providing LABBB Collaborative with written notice mailed to 123 Cambridge Street Burlington, MA 01803.

Authorizer's Signature

Authorization Date

Personal Information (please print):

Last Name

First Name

Middle Name

Former Last Name #1

Former Last Name #2

Date of Birth

Social Security # (last 6)
* * * - -

Place of Birth

Gender

Race

Mother's Full Name

Father's Full Name

Eye Color

Height

Full Current Address

Note: Please submit a copy of your driver's license, passport, or government issued identification card with this form.

OFFICE ONLY:

LABBB Program Name

LABBB Director

Date Requested

Results Verified By:

LABBB Executive Director

Date Verified

Results:

_____ Passed _____ Failed _____ If failed, date decision and copy of report mailed.