

CORI REQUEST FORM

LABBB Collaborative is registered under the provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, and/or volunteers.

As a prospective or current employee, subcontractor and/or volunteer for the position of _____, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to LABBB Collaborative to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing LABBB Collaborative with written notice of my intent to withdraw consent to a CORI check.

Signature of CORI Subject

Date

EMPLOYEE / SUBCONTRACTOR / OR VOLUNTEER INFORMATION:

PLEASE PRINT

LAST NAME

FIRST NAME

MIDDLE NAME

FORMER LAST NAME #1

FORMER LAST NAME #2

DATE OF BIRTH

* * * _ _
SOCIAL SECURITY NUMBER
(Last 6 digits ONLY required)

PLACE OF BIRTH

MOTHER'S FULL NAME

FATHER'S FULL NAME

CURRENT ADDRESS: _____

SEX: _____ HEIGHT: _____ ft. _____ in. EYE COLOR: _____ RACE: _____

Please attach a photocopy of a government issued license, passport or identification card.

OFFICE ONLY:

Program Name: _____ Requested by: _____
LABBB Administrator

The above information was verified by reviewing the following form of government issued photographic identification:
Driver's License #: _____ MA NH Other: _____ US Passport Other: _____

VERIFIED BY: _____
Patric Barbieri, Executive Director Date