

William H. Lupini  
Interim Executive Director

Joseph Adams  
Director of Finance & Operations



Donna Goodell, Program Director  
Pre-school, Elementary & Middle Schools

James Kelly, Program Director  
High Schools

### 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

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**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.**

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**OFFICE ONLY:**

\_\_\_\_\_  
LABBB Program Name \_\_\_\_\_  
LABBB Director \_\_\_\_\_  
Date Requested

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**Results Verified By:**

\_\_\_\_\_  
LABBB Executive Director \_\_\_\_\_  
Date Verified

**Results:**

\_\_\_\_\_ No Findings    \_\_\_\_\_ Findings    \_\_\_\_\_ If findings, date decision and copy of report mailed.