Patric Barbieri
Executive Director

LABBB
Collaborative Programs
Since 1974

***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

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.