



FALL RIVER PUBLIC SCHOOLS

417 Rock Street, Fall River, MA 02720

Meg Mayo-Brown, Superintendent

For office use only:

Date: _____

Authorization Given: _____

FLRPS

CH385

Principal/Supervisor/Director Signature

CORI REQUEST FORM

Fall River Public Schools has been certified by the Criminal History Systems Board for access to all criminal case data including conviction, non-conviction and pending. As an applicant/employee for the position of _____

I understand that a criminal record check will be conducted for conviction, non-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

Date of Signature

APPLICANT EMPLOYEE INFORMATION (PLEASE PRINT)

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR ALIAS (if applicable)

PLACE OF BIRTH

MOTHER'S MAIDEN NAME

DATE OF BIRTH

SOCIAL SECURITY NUMBER(Not required)

***ID Theft Index (if applicable)**

CURRENT ADDRESS: _____

FORMER ADDRESS: _____

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 CHSB Identify Theft Index PIN Number is to be completed by those applicants that have issued and Identity Theft PIN Number by the CHSB. 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 CHSB via **Mail** or by fax to 617-660-4614