



Cambridge Health Alliance  
A COMMUNITY OF CARING

## CORI REQUEST FORM

Cambridge Public Health Commission has been certified by the Department of Criminal Justice Information Services for access to conviction and pending criminal case data. As an applicant applying for \_\_\_\_\_, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and it will not necessarily disqualify me. I certify that the information below is correct to the best of my knowledge.

Applicant Signature	Name of Manager to be Notified of CORI Results

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LAST NAME (Print Clearly)	FIRST NAME	MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE)	PLACE OF BIRTH

DATE OF BIRTH	SOCIAL SECURITY NUMBER (Last six digits required)	* ID THEFT INDEX PIN (If applicable)

MOTHER'S MAIDEN NAME

### CURRENT AND FORMER ADDRESSES:

CURRENT ADDRESS: \_\_\_\_\_

DATES FROM: \_\_\_\_\_ TO: \_\_\_\_\_

PREVIOUS ADDRESS (1): \_\_\_\_\_

DATES FROM: \_\_\_\_\_ TO: \_\_\_\_\_

PREVIOUS ADDRESS (2): \_\_\_\_\_

DATES FROM: \_\_\_\_\_ TO: \_\_\_\_\_

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SEX: \_\_\_\_\_ HEIGHT: \_\_\_\_ ft. \_\_\_\_ in. WEIGHT: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_

STATE DRIVER'S LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_

THE INFORMATION WAS VERIFIED WITH THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC

IDENTIFICATION: \_\_\_\_\_ COPY OF PHOTO ID MUST BE ATTACHED TO THIS FORM

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REQUESTED BY: \_\_\_\_\_  
**SIGNATURE OF CORI AUTHORIZED EMPLOYEE**

\* The CHSB Identify Theft Index PIN Number is to be completed by those applicants that have been issued an 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.

**Please submit this form to: Public Safety Department, 1035 Cambridge Street, Room 2307 along with a legible copy of the photo identification. DO NOT FAX**