



The Commonwealth of Massachusetts  
 Executive Office of Health and Human Services  
 Health Office of Human Resources  
 600 Washington Street  
 Boston, Massachusetts 02111

CHARLES D. BAKER  
 Governor

MARYLOU SUDDERS  
 Secretary

KARYN E. POLITO  
 Lieutenant Governor

**CORI REQUEST FORM**  
 (Complete this form in its entirety)

EOHHS has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant/employee for the position of \_\_\_\_\_ (required), I understand that a criminal offender record information (CORI) check will be conducted for conviction and pending criminal case information only and that such information will not necessarily disqualify me. The information below is correct to the best of my knowledge.

\_\_\_\_\_  
 SIGNATURE of APPLICANT/EMPLOYEE/VENDOR/INTERN/STUDENT (circle one - required) DATE

Day time phone number: \_\_\_\_\_

**APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT LEGIBLE)**

\_\_\_\_\_  
 LAST NAME (Required) FIRST NAME (Required) MIDDLE NAME (Required, if applicable)

\_\_\_\_\_  
 MAIDEN NAME OR ALIAS (IF APPLICABLE) PLACE OF BIRTH (Required)

\_\_\_\_\_  
 DATE OF BIRTH (Required) SOCIAL SECURITY NUMBER ID Theft Index PIN (if applicable)\*  
 (At least last 6 digits required)

\_\_\_\_\_  
 MOTHER'S MAIDEN NAME (Optional)

CURRENT AND FORMER ADDRESSES: (Required)

**Current Address:** \_\_\_\_\_

**Former Address:** \_\_\_\_\_

**Former Address:** \_\_\_\_\_

SEX: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ ft. \_\_\_\_\_ in. WEIGHT: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_  
 (Required) (Required) (Required) (Required)

STATE DRIVER'S LICENSE NUMBER: \_\_\_\_\_  
 (include state of issue)

**THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION:** \_\_\_\_\_ (Required)

ID REVIEWED BY: \_\_\_\_\_  
 PRINTED NAME & SIGNATURE OF AUTHORIZED EMPLOYEE (Required) Date (Required)

CORI REQUESTED BY: \_\_\_\_\_  
 PRINTED NAME & SIGNATURE OF AUTHORIZED EMPLOYEE (Required) Date (Required)

Anticipated Start Date OF Employee/Student/Volunteer: \_\_\_\_\_

**Human Resources will not run a CORI check without verification that an authorized employee or vendor is making this request. Your printed name and signature above indicates your authorization to request this CORI.**

\*The CHSB Identity 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.

**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.**

**NOTICE TO FINAL CANDIDATES**

In the event that a CORI investigation returns a record with a criminal history that is relevant to the duties of the position being sought, the CORI results may be utilized by a qualified mental health professional in order to make a determination regarding whether or not the candidate poses an unacceptable risk of harm to the clients of the agency, in accordance with 101 DMR 15.09. rev 4/4/13