OFFICE OF THE
BOARD OF SELECTMEN
TOWN OF MAYNARD
MUNICIPAL BUILDING
195 MAIN STREET
MAYNARD, MASSACHUSETTS 01754
Tel: 978-897-1301 Fax: 978-897-8457

CORI REQUEST FORM

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CH444
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Maynard Board of Selectmen is requesting all the available criminal offender record information on the following individual from the Criminal History Systems Board pursuant to Chapter 6 &172C that mandates agencies which employ or accept as a volunteer or refer for employment any individual who will provide care, treatment, education training, transportation, delivery of meals, instruction, counseling, supervision, recreation or other services in a home or in a community based setting for any elderly person or disabled person or who will have any direct or indirect contact with such elderly or disabled persons or access to such person's files shall obtain all available CORI from the Criminal History Systems Board prior to employing such individual, accepting such individual as a volunteer or referring such individual for employment.

Applicant/Employee Information (Please Print)

_____ _____ _____
Last Name First Name Middle Name

_____ _____ _____
Maiden Name or Alias (If Applicable) Place of Birth Date of Birth

_____ _____ _____
Social Security Number Father's Name Mother's Maiden Name

Current Address: _____

_____

Former Addresses: _____

_____

Sex: __ Height: __ ft. __ in. Weight: ___ Eye Color: ____ State Drivers License Number:

THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION: _____

Requested by: _____*REBECCA J. MOSCA, ADMINISTRATIVE ASSISTSTANT*_
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 Index 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.

Record Attached: _____ No Record: _____