



CPDBE  
172G  
§

CHAPTER 6,172G CORI REQUEST FORM

Camp DanBee has been certified by the Criminal History Systems Board for access and is requesting all the available criminal offender record information (CORI) and juvenile data on the following individual from the Criminal History Systems Board pursuant to Chapter 6, 172G, which mandates operators of camps for children to request CORI and juvenile data regarding all employees or volunteers prior to employment or volunteer service. I understand that a criminal record check will be conducted for 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  
(Unless otherwise preempted by law)

\_\_\_\_\_  
APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

\_\_\_\_\_  
LASTNAME                      FIRST NAME                      MIDDLE NAME

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

\_\_\_\_\_  
DATE OF BIRTH                      SOCIAL SECURITY NUMBER                      ID Theft Index PIN  
(Requested, not required)                      (if applicable)

\_\_\_\_\_  
MOTHER'S MAIDEN NAME

CURRENT AND FORMER ADDRESSES:  
\_\_\_\_\_  
\_\_\_\_\_

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 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.**