TOWN OF NORWELL
TNBOS
172H ï BATCH TYPE-Y
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Town of Norwell
Recreation Department
P.O. Box 295, 345 Main Street
Norwell, MA 02061
PHONE 781-659-8046
FAX 781-659-7795

# CORI REQUEST FORM – RETURN TO ABOVE ADDRESS
## STAFF & VOLUNTEERS IN PROGRAMS TO CHILDREN

CHAPTER 6, § 172H CORI REQUEST FORM

Norwell Board of Selectmen is requesting all the available criminal offender record information (CORI) on the following individual from the Criminal History Systems Board (CHSB) pursuant to Chapter 6, § 172H which mandates organizations primarily engaged in providing activities or programs to children 18 years of age or less that accepts volunteers, to obtain all CORI regarding staff and volunteers.

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**APPLICANT INFORMATION (PLEASE TYPE OR PRINT)**

_____ _____ _____
LAST NAME FIRST NAME MIDDLE NAME

_____ _____
MAIDEN NAME OR ALIAS (IF APPLICABLE) PLACE OF BIRTH

_____ _____ _____
DATE OF BIRTH SOCIAL SECURITY NUMBER *ID Theft Index PIN
(Requested by not required) (if applicable)

_____
MOTHER'S MAIDEN NAME

CURRENT ADDRESS: _____
( # Street, City, State, Zip)

FORMER ADDRESS: _____
( # Street, City, State, Zip)

SEX: _____ HEIGHT ___ft. ___in. WEIGHT: _____ EYE COLOR: _____

STATE DRIVER'S LICENSE NUMBER: _____
(Include state of issue)

***THE ABOVE INFORMATION WAS VERIFIED WITH THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION: _____

***Please bring or attach a photocopy of a government issued photographic identification [ex. driver's license, learner's permit, passport, alien registration card, employment authorization card, or US Military ID card. If no photo ID is available, a birth certificate is allowed]***

*The CHSB Identity 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**.

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***Office use only***: REQUESTED BY: _____
SIGNATURE OF CORI AUTHORIZED EMPLOYEE