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BUSRN
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CORI REQUEST FORM

Safer Places, Inc. has been certified by the Criminal History Systems Board and may access CORI for the purpose of screening otherwise-qualified individuals for client agencies or companies to the same extent as the client agency or company is authorized to receive CORI by CHSB.

APPLICANT/EMPLOYEE SIGNATURE DATE

LAST NAME (Please print) FIRST NAME MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE) PLACE OF BIRTH

DATE OF BIRTH SOCIAL SECURITY NUMBER ID Theft Index PIN
(requested but not required) (if applicable)

MOTHER'S MAIDEN NAME

CURRENT & 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