



TOWN OF EASTON
MASSACHUSETTS
Office of the Town Administrator

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CORI REQUEST FORM

DAVID A. COLTON

Town Administrator

Town of Easton has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant/employee for _____, I understand that a criminal record check will be conducted for 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)

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 but not required) (if applicable)

MOTHERS 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 requests 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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