



# Criminal Offender Record Information (C.O.R.I.) REQUEST FORM

The Somerville Public Schools has been certified by the Criminal History Systems Board for access to all conviction, non-conviction data, and pending court activity for school-based personnel.

### INSTRUCTIONS:

To be completed by prospective employee, tutor, volunteer, or student teacher. **PRINT CLEARLY.**

Position for which you are being considered: \_\_\_\_\_  
(i.e.: Math Teacher, Volunteer, Student Teacher, etc.)

\_\_\_\_\_  
LAST NAME                      FIRST NAME                      MIDDLE NAME                      MAIDEN NAME/ALIAS  
(IF APPLICABLE)

\_\_\_\_\_  
PLACE OF BIRTH                      DATE OF BIRTH                      SOCIAL SECURITY NUMBER (LAST 6)

SEX: \_\_\_\_ HEIGHT: \_\_\_\_ FT. \_\_\_\_ IN. WEIGHT: \_\_\_\_ EYE COLOR: \_\_\_\_

\_\_\_\_\_  
I.D. THEFT INDEX PIN                      MOTHER'S MAIDEN NAME  
(IF APPLICABLE)

*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.*

CURRENT ADDRESS: \_\_\_\_\_

FORMER ADDRESS: \_\_\_\_\_  
(IF RESIDED IN CURRENT ADDRESS LESS THAN 2 YEARS)

CONTACT PHONE NUMBER / EMAIL \_\_\_\_\_

I hereby affirm that all information supplied by me in support of my candidacy is true and complete. I certify that I have never been convicted of a criminal offense. Further, I certify that I have never been arrested for any offense involving sexual misconduct or moral turpitude. I understand that if employed, falsified statements, as part of my application shall be considered sufficient cause for dismissal. I hereby release and hold harmless the Somerville Public Schools and any providers of information about me from any liability, which may result.

\_\_\_\_\_  
Signature of Applicant                      Date

**\*PLEASE NOTE THAT A COPY OF A US GOVERNMENT ISSUED  
PHOTOGRAPHIC ID MUST BE SUBMITTED WITH THIS FORM.**

### **TO BE COMPLETED BY THE SCHOOL DEPARTMENT DESIGNEE ONLY:**

THE INFORMATION ABOVE WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF U.S. GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION: **PLEASE CIRCLE ONE**

DRIVER'S LICENSE / REAL ID      US PASSPORT      \*SOCIAL SECURITY CARD      \*BIRTH CERTIFICATE

REQUESTED BY: \_\_\_\_\_ SCHOOL \_\_\_\_\_  
PLEASE PRINT

*This form can be downloaded by visiting the  
Central Administration Intranet webpage > Human Resources > Payroll Forms*

**SOMERVILLE PUBLIC SCHOOLS**  
8 BONAIR STREET · SOMERVILLE MASSACHUSETTS 02145 · Tel. 617-625-6600

