TOPSF

172H

FE2166

**TOPSFIELD ATHLETIC ASSOCIATION**

**Send form to**: Steve Majeski ….22 Timber Lane …. Topsfield, MA 01983 …. 978-561-3001

**PLEASE RETURN THIS FORM WITH A COPY OF YOUR DRIVER’S LICENSE**

CORI REQUEST FORM

The Topsfield Athletic Association is requesting all the available criminal offender record information (CORI) on the following individual from the Criminal History Systems Board pursuant to Chapter 6, s 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 volunteers prior to accepting any person as a volunteer.

**APPLICANT / EMPLOYEE INFORMATION** (Please Print)

Name: (First, Middle initial, Last) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alias: (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mother’s Maiden Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number (last 6 digits are required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*ID Theft Pin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\*\*If applicable)

Current Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Former Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex: \_\_\_\_\_\_\_ Height: \_\_\_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_\_\_\_\_\_ Eye color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State Driver’s License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant / Employee signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The above information was verified by reviewing the following form of government issued

photographic identification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Requested by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(cori authorized employee)

\*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. Revised 7/24/2014 NL