



# Town of Mattapoissett

16 Main Street, P.O. Box 435  
Mattapoissett, MA 02739

## CORI (Criminal Offender Record Information) Request Form

The Town of Mattapoissett has representative(s) certified by the Criminal History Systems Board for access to all available criminal offender record information on the following individual from the Criminal History Systems Board pursuant to **Chapter 6 172 C** that mandates agencies which employ or accept a volunteer or refer for employment any individual who will provide care, treatment, education, training, transportation, delivery of meals, instruction, counseling, supervision, recreation or other services in a home or in a community based setting for any **elderly person or disabled person** or who will have any direct or indirect contact with such elderly or disabled persons or access to such person's files and pursuant to **Chapter 6 172H** that mandates those engaged in providing activities or programs to **children 18 years of age or less**, shall obtain all available CORI for the Criminal History Systems Board prior to employing such individual, accepting such individual as a volunteer or referring such individual for employment.

I, \_\_\_\_\_, am an applicant \_\_\_ / current employee \_\_\_  
volunteer \_\_\_ / Senior Work-Off \_\_\_

of the \_\_\_\_\_ Department, authorize the Town of Mattapoissett to do a CORI check.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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### Applicant/Employee/Volunteer Information (Please Print)

\_\_\_\_\_  
Last Name First Name Middle Name

\_\_\_\_\_  
Maiden Name or Alias (If Applicable) Place of Birth

\_\_\_\_\_  
Date of Birth \*\*\*-\_\_\_\_-\_\_\_\_  
Last 6 of Social Security #  
(Required) Mother's Maiden Name

\_\_\_\_\_  
\_\_\_\_\_  
Current Address Former Address

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_

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

\*Attach a copy of driver's license or State identification card.

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CORI REQUESTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature of Authorized Town Official