Town of Mattapoisett

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

CORI (Criminal Offender Record Information) Request Form

The Town of Mattapoisett 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__ / employee__ / volunteer __

of the _____Department authorize the Town of Mattapoisett to do a CORI check.

Signed: _____ Date: _____

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: _____

CORI REQUESTED BY: _____ DATE:_____
Signature of Authorized Town Official