



# TOWN OF BOYLSTON

Office of the Town Administrator

TBOYL No fee  
MGL: 172 C & H

## CORI REQUEST FORM

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

As an applicant/employee for \_\_\_\_\_, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

Applicant/Employee

signature \_\_\_\_\_

### APPLICANT/EMPLOYEE INFORMATION (please print below)

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

Maiden Name or Alias (if applicable) \_\_\_\_\_ PLACE of BIRTH \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_ MOTHER'S MAIDEN NAME  
(Requested but not required)

FORMER Addresses: \_\_\_\_\_

SEX: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ ft. \_\_\_\_\_ In. WEIGHT: \_\_\_\_\_ EYE COLOR \_\_\_\_\_

STATE DRIVER'S LICENSE NUMBER: \_\_\_\_\_

**\*\*\*THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION: \_\_\_\_\_**

Requested By: \_\_\_\_\_

Above signature of CORI Authorized Town Administrator, Suzanne C. Olsen  
or other Town of Boylston CORI Authorized Employee.