

CANTON PUBLIC SCHOOLS



960 Washington Street, Canton, MA 02021
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Fax: 781-575-6500
www.cantonma.org

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CORI REQUEST FORM

Check Appropriate Box: Employee Volunteer Vendor/Contractor/Consultant

School Building Location(s): *(Check all that apply)*

Preschool JFK Hansen Luce GMS CHS District

Job Title or Purpose of CORI: _____

PLEASE ATTACH COPY OF DRIVER'S LICENSE

Canton Public Schools has been certified by the Criminal History Systems Board for access to all criminal case data including conviction, non-conviction and pending. I understand that a criminal record check will be conducted for conviction, non-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 Signature	_____ Date	
_____ Last Name	_____ First Name	_____ Middle Name
_____ Maiden Name or Alias (If Applicable)		_____ Place of Birth
_____ Date of Birth	XXX - ____ - ____ Social Security Number (Last six numbers required)	_____ Mother's Maiden Name
Current Address: _____		
Street Number & Name	City/Town	State Zip
Former Address: _____		
Street Number & Name	City/Town	State Zip
Sex: _____	Height: Ft. _____ In. _____	Weight: _____ Eye Color: _____
State Driver's License Number: _____		State of Issue: _____

Requested By: _____
Signature of CORI Authorized Employee

The Canton Public Schools does not discriminate on the basis of race, color, religion, national origin, sex, gender identity, sexual orientation, age, disability or homelessness. Equal Opportunity Employer (EOE) (9/2018)