



ABRSD

## **CORI REQUEST FORM**

Acton-Boxborough Regional School District has been certified by the Criminal History Systems Board for access to all criminal case data including conviction, non-conviction and pending. As an applicant/employee for the position of \_\_\_\_\_\_\_, I understand that a criminal check will be conducted of 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.

Signature Required

Applicant/Employee Signature

Last Name	First Nam	e	Middle Name		Suffix
Maiden Name (or	r other name(s) by	which you have	been known)		
Date of Birth:			Place of Birth	ו:	
Last Six Digits o	of Your Social Sec	urity Number:			
Sex:	Height:ft	in.	Eye Color:	Rac	:e:
Driver's License	or ID Number:		State of Is	sue:	· · · · · · · · · · · ·
Mother's Full Maiden Name			Father's Full Name		
Current and Form	ner Addresses:				
Street Number &	Name	City/Town		State	Zip
Street Number &	Name	City/Town		State	Zip
The above inform	nation was verified	by reviewing the	e following form(s)	of governmer	nt issued Id

Name of Verifying Employee (Please Sign)