



The Commonwealth of Massachusetts

Executive Office of Public Safety & Security

Military Division

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Maura Healy
 Governor

Terrence Reidy
 Secretary of Public Safety & Security

Kim Driscoll
 Lieutenant Governor

Major General Gary W. Keefe
 The Adjutant General

CORI REQUEST FORM

Massachusetts National Guard/Military Division has been certified by the Department of Criminal Justice Information Services for access to the conviction and pending criminal case data in order to screen prospective employees, members, and volunteers. I understand that a CORI check will be submitted for my personal information to the DCJIS. By signing below I provide my consent to the CORI check and acknowledge that the information below is correct to the best of my knowledge. The National Guard/Military Division may conduct subsequent CORI checks within one year of the date of this form, provided that they must first provide me with written notice of this check. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing written notice to withdraw consent to a CORI check.

Dated: _____

 Participant/Volunteer Signature

PARTICIPANT/VOLUNTEER INFORMATION (PLEASE PRINT)

 Last Name

 First Name

 Middle Name

 Maiden Name or Alias
 (If applicable)

 Place of Birth

 Date of Birth

 Social Security Number
REQUIRED-LAST SIX

Former Addresses:

Sex: _____ Height: _____ ft _____ in Weight: _____ Eye Color: _____

State Driver's License Number: _____ State of Issue _____

THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION: _____

Requested by: _____

 Signature of CORI Authorized Employee