



Boston Inspectional Services Department
Division of Health Inspections
1010 Massachusetts Avenue
Boston, MA 02118
Tel: 617-635-5326
Fax: 617-635-5388

CORI REQUEST FORM

Boston Inspectional Services has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. 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

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE)

PLACE OF BIRTH

DATE OF BIRTH: _____ LAST 6 DIGITS OF SOCIAL SECURITY #: ____ - ____

FATHER'S NAME: _____
(FIRST) (LAST)

MOTHER'S MAIDEN NAME: _____
(FIRST) (LAST)

CURRENT AND FORMER ADDRESSES: _____

SEX: _____ RACE: _____

STATE DRIVER'S LICENSE NUMBER: _____

*THE INFORMATION WAS VERIFIED WITH THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION: _____

REQUESTED BY: _____
SIGNATURE OF CORI AUTHORIZED EMPLOYEE