CORI REQUEST FORM

APPLICANT INFORMATION/(PLEASE PRINT)

_____

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: _____

ADDRESS: _____

PREVIOUS ADDRESS:_____

TELEPHONE:_____EMAIL:_____

SEX:_____HEIGHT: _____ WEIGHT: _____EYE COLOR: _____

STATE DRIVER'S LICENSE NUMBER: _____

THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING A FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION.

A photocopy of this authorization shall be considered as effective and valid as the original.

The City of Lynn Mayor's Office has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant for the position of City of Lynn Volunteer, 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 Signature

_____

SIGNATURE OF CORI AUTHORIZED EMPLOYEE