

The Commonwealth of Massachusetts Executive Office of Public Safety & Security Military Division

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Charles D. Baker Governor

Karyn E. Polito Lieutenant Governor Daniel Bennett Secretary of Public Safety & Security

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 Signatu
PARTICI	PANT/VOLUNTER	ER 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:	ftin Wei	ght: Eye Color:
State Driver's License Nur	nber:	State of Issue
		FIED BY REVIEWING THE FOLLOWING FORM OF IDENTIFICATION:
Requested by:		
	Signature of COR	RI Authorized Employee