



Town of Tewksbury
Tewksbury Public Library

300 Chandler Street
Tewksbury, Massachusetts 01876
978.640.4490

Diane H.C. Giarrusso
Library Director

**TEWKSL
172H
G**

CHAPTER 6, § 172H CORI REQUEST FORM

Tewksbury Public Library is requesting all the available criminal offender record information (CORI) on the following individual from the Department of Criminal Justice Information Services (DCJIS) pursuant to Chapter 6, § 172H which mandates organizations primarily engaged in providing activities or programs to children 18 years of age or less that accepts volunteers, to obtain all CORI regarding volunteers prior to accepting any person as a volunteer.

VOLUNTEER INFORMATION (PLEASE PRINT)

*** (An asterisk * denotes required information)**

*LAST NAME

*FIRST NAME

*MIDDLE NAME

*MAIDEN NAME or other names
by which you have been known (mark N/A if not applicable)

*PLACE OF BIRTH

*DATE OF BIRTH

* _____
Last 6 digits of
SOCIAL SECURITY NUMBER
(Required by the State of MA)

☐ ID Theft Index PIN
(if applicable)

.....
OPTIONAL ADDITIONAL INFORMATION

MOTHER'S FULL MAIDEN NAME

FATHER'S FULL NAME

CURRENT AND FORMER ADDRESSES:

SEX: _____ HEIGHT: ____ft. ____in. WEIGHT: _____ EYE COLOR: _____

STATE DRIVER'S LICENSE NUMBER: _____
(INCLUDE STATE OF ISSUE)

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

Name of Verifying Employee/Signature of Verifying Employee

REQUESTED BY: _____
SIGNATURE OF CORI AUTHORIZED EMPLOYEE

☐ The CHSB Identity Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft Index PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include the information to ensure the accuracy of the CORI request process. **All CORI request forms that include this field are required to be submitted to the CHSB via mail or by fax at 617-660-4614.**