



Wakefield Public Schools  
60 Farm Street  
Wakefield, MA 01880

WAKPS  
1721G

### CORI REQUEST FORM

The Wakefield Public Schools has been certified by the Criminal History Systems Board for access to all criminal case data including conviction, non-conviction, and pending. As an applicant/employee for the

## ALL INFORMATION IS REQUIRED IN ORDER FOR THIS FORM TO BE PROCESSED

POSITION OF \_\_\_\_\_ AT THE \_\_\_\_\_ SCHOOL, I

understand that a criminal record check will be conducted for conviction, non-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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

#### APPLICANT / EMPLOYEE INFORMATION (PLEASE PRINT)

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE NAME

\_\_\_\_\_  
MAIDEN NAME / ALIAS (IF APPLICABLE)

\_\_\_\_\_  
PLACE OF BIRTH

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
XXX - -  
SOCIAL SECURITY NUMBER  
(LAST 6 REQUIRED)

\_\_\_\_\_  
MOTHER'S MAIDEN NAME

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

STATE DRIVER'S LICENSE NUMBER: \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

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#### DO NOT WRITE BELOW THIS LINE

THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF  
GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATIONS: \_\_\_\_\_

**ATTACH PHOTO ID**

REQUESTED BY: \_\_\_\_\_

**SCHOOL EMPLOYEE REQUESTING CORI**