## **CANTON PUBLIC SCHOOLS**



960 Washington Street, Canton, MA 02021 Telephone: 781-821-5060 Fax: 781-575-6500 www.cantonma.org



Derek F. Folan, M.Ed. Superintendent of Schools

To develop students who are competent and creative thinkers, curious and confident learners, and compassionate citizens.

## **CORI REQUEST FORM**

Check Appropriate Box: D Employee	Volunteer	□ Vendor/Contractor/Consultant
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School Building Location(s): (Check all that apply)

Preschool JFK Hansen Luce GMS CHS District

Job Title or Purpose of CORI:

## PLEASE ATTACH COPY OF DRIVER'S LICENSE

Canton Public Schools has been certified by the Criminal History Systems Board for access to all criminal case data including conviction, non-conviction and pending. 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 Signature				Date	
Last Name		First Name		Middle Name	
Maiden Name or Alias (I	f Applicable)			Place of Birth	
		XXX -			
Date of Birth	Se	Social Security Number (Last six numbers required)		Mother's Maiden Name	
Current Address:					
Stree	et Number & Name		City/Town	State	Zip
Former Address:Stree	et Number & Name		City/Town	State	Zip
Sex:	Height: Ft	In	Weight:	Eye Color:	
State Drive	State Driver's License Number: State of Issue:		f Issue:		
Requested By:					
		Signature of C	ORI Authorized Employee		
			discriminate on the basis of race, exual orientation, age, disability of		

Equal Opportunity Employer (EOE) (9/2018)