Superintendent of Schools
1029 North Road
22-23 Hampton Ponds Plaza
Westfield, MA 01085
Telephone: (413) 572-6403
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Dr. Suzanne Scallion
Superintendent of Schools

WFLPS
CH 385
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CORI REQUEST FORM

This form MUST be completed in the presence of a Westfield Public Schools staff member who is required to verify the original identification presented.

Westfield 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 position **volunteer at _____ 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 signed

APPLICANT/EMPLOYEE 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
(Last six digits required)

FORMER ADDRESSES: _____

_____

SEX:____ HEIGHT:_____ft. _____in. WEIGHT:_____ EYE COLOR:_____

STATE DRIVER'S LICENSE NUMBER:_____
***THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION:_____

****

REQUESTED BY: _____
SIGNATURE OF CORI AUTHORIZED EMPLOYEE