



**Western Massachusetts Medical Reserve Corps
wwwmrc.org**

Please complete this form and include a government issued photo identification (for example, a drivers license)

**Please mail this form to:
Ann Becker
University of Massachusetts, Amherst Campus
University Health Services
150 Infirmery Way
Amherst, MA 01003**

CORI REQUEST FORM

Representatives from the Medical Reserve Corps program have been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As a volunteer for one of the Western Massachusetts Medical Reserve Corps Units, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me as a Medical Reserve Corps volunteer. The information below is correct to the best of my knowledge.

Signature: _____ Date: _____

APPLICANT INFORMATION (please print)

LAST NAME FIRST NAME MIDDLE NAME

MAIDEN NAME or ALIAS DATE OF BIRTH (MM/DD/YY) PLACE OF BIRTH
(if applicable)

SOCIAL SECURITY # ____-____-____ (requested but not required)

MOTHER'S MAIDEN NAME: _____

CURRENT ADDRESS: _____

FORMER ADDRESS _____

SEX _____ HEIGHT _____ WEIGHT _____ EYE COLOR _____

REQUESTED BY _____
(Signature of CORI Authorized Representative)

FOR CHSB USE ONLY

RECORD ATTACHED: _____ NO RECORD: _____