



Western Massachusetts Medical Reserve Corps
www.wmmrc.org

Please complete the attached CORI form and include a copy of government issued photo identification (for example, a driver's license).

Please mail this form, the attached CORI form, and copy of I.D. to:

**Ann Becker, RN
University of Massachusetts
University Health Center
150 Infirmary Way
Amherst, MA 01003-9288**

**Criminal Offender Record Information (CORI)
REQUEST FORM INFORMATION**

Representatives for the Medical Reserve Corps 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.

Signature _____ Date _____



UNIVERSITY OF MASSACHUSETTS
AMHERST
330 Whitmore Administration Building
181 Presidents Drive
Amherst, MA 01003-9313

Division of Human Resources
Personnel
Payroll
Labor Relations

voice: 413.545.0380
fax: 413.545.0483
www.umass.edu/humres

CORI REQUEST FORM

University of Massachusetts Amherst has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant/employee for , 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. The information below is correct to the best of my knowledge.

Applicant/Employee Signature

APPLICANT/EMPLOYEE INFORMATION (PLEASE TYPE OR PRINT)

LAST NAME FIRST NAME MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE) PLACE OF BIRTH

DATE OF BIRTH SOCIAL SECURITY NUMBER ID Theft Index PIN*
(Requested, not required) (if applicable)

MOTHER'S MAIDEN NAME

CURRENT AND FORMER ADDRESSES:

SEX: HEIGHT: ft. in. WEIGHT EYE COLOR:

STATE DRIVER'S LICENSE NUMBER: (include state of issue)

***THE ABOVE INFORMATION AS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION: _____.

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 CHSB. Certified agencies are required to provide all applicants the opportunity to include this 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 to 617-660-4614.