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## Sharon Board of Health CORI Request Form

The Sharon Board of Health 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

Please return this completed form IN PERSON WITH PHOTO ID to:  
Sharon Board of Health, 90 South Main Street, Sharon, MA 02067

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: \_\_\_\_\_

Current and 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