



# TOWN OF NORFOLK

RECREATION DEPARTMENT  
ONE LIBERTY LANE  
NORFOLK, MASSACHUSETTS 02056  
recreation@norfolk.ma.us  
[www.norfolk.ma.us](http://www.norfolk.ma.us)

**INSTRUCTIONS:**  
=>Fill in **Highlighted lines** including Signature line  
=>Return with a **copy of photo ID** or send ID **electronically** to Recreation office.

ANN PROTO  
Recreation Director

Phone: (508) 520-1315  
Fax:(508) 541-6873

**NORRD  
172HG**

## CORI REQUEST FORM

The Recreation Department of the Town of Norfolk has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As a (prospective) employee or volunteer, I understand that a criminal record check will be conducted for the conviction and pending criminal information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

**SIGNATURE OF APPLICANT/EMPLOYEE**

(Unless otherwise preempted by law)

**APPLICANT/EMPLOYEE INFORMATION (Please Print Clearly)**

Please provide a copy of a license or picture ID.

**LAST NAME**

**FIRST NAME**

**MIDDLE NAME**

**MAIDEN NAME OR ALIAS (IF APPLICABLE)**

**PLACE OF BIRTH**

**DATE OF BIRTH**

XXX - \_\_\_\_ - \_\_\_\_  
**SOCIAL SECURITY NUMBER**

**ID Theft Index PIN**

(Middle 2 & Last 4 #'s only)

\*if applicable-see below

**MOTHER'S MAIDEN NAME**

**CURRENT ADDRESS (if less than 2 years, list previous address as well):**

1. \_\_\_\_\_

2. \_\_\_\_\_

~~~~~BELOW THIS LINE IS FOR OFFICE USE ONLY~~~~~

From ID: Sex: \_\_\_\_\_ Height: \_\_\_\_ ft. \_\_\_\_ in. Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_  
State Driver's License Number: \_\_\_\_\_

The above information was verified by reviewing the following form of Government Issue Photographic Identification: \_\_\_\_\_

Requested By: \_\_\_\_\_  
*Signature of CORI Authorized Employee*

\*The CHSB Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identify 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.**