



CITY OF MALDEN

School Department

200 Pleasant St., Rm. 109

Malden, MA 02148

781-397-7204 ext. 2003 (P)

781-397-7276 (F)

Dr. David DeRuosi, Jr., Superintendent

CORI REQUEST FORM

The Malden Public Schools is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants and current licensees.

As a prospective employee, subcontractor, volunteer, license applicant or current license, I understand that a CORI check will be submitted for my personal information to DCJIS. I hereby acknowledge and provide permission to Malden Public Schools to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing written notice of my intent to withdraw consent to a CORI check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on this CORI Request Form is true and accurate.

Applicant/Employee Signature

Last Name

First Name

Middle Name

Former Last Name (1):

Former Last Name (2):

Former Last Name (3):

Former Last Name (4):

Place of Birth

Required:

Date of Birth: _____

Social Security Number: XXX-____-_____
(last 6 numbers of your SSN)

Father's Name:

(Last)

(First)

Mother's Name:

(Last)

(First)

(Maiden)

Current & Former Address(s):

Sex: _____ Height: _____ Weight: _____ Eye Color: _____

State Driver's License Number: _____ Exp Date: _____

Please list the City of Malden department and position that you are applying/volunteering for:

For MPS Use Only

The information was verified with the following form of government issued photographic identification: _____

Requested by: _____

Signature of CORI Authorized Employee

Date: _____