Malden Public Schools 77 Salem St., Room H104 Malden, MA 02148 John Oteri 781-397-6100 MALPS CH385

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CORI REQUEST FORM

alify me. The informa	tion below is cor	rect to the best of	my knowledge.	
Applicant / Employee Signature		//		
* * * Please provide a copy of your driver's license or government				
ICANT / EMPLOYEE	INFORMATION ((PLEASE PRINT)		
FIRST NAME			MIDDLE NAME	
S (IF APPLICABLE)		PLACE OF	BIRTH	
SOCIAL SECURIT (Last 6 Digits - This is	TY NUMBER Required Inform	ŕ	*ID Theft Index PII (if applicable)	
	STATE:	ZIP CODI	Ξ:	
	CELL PHO	NE:		
_FT IN. V	VEIGHT:	EYE COLC	DR:	
NUMBER:				
	yee Signature yee Signature yo of your driver's lice ICANT / EMPLOYEE I FIRST S (IF APPLICABLE) XXX SOCIAL SECURIT (Last 6 Digits - This is	Alify me. The information below is convered by of your driver's license or government o	SOUTH APPLICABLE) SOCIAL SECURITY NUMBER (Last 6 Digits - This is Required Information) STATE: CELL PHONE:	

*The CHSB Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft Index PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process.