



EDCO Project Number: _____
Project Director's Initials: _____

EDCOC
CH385
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CORI REQUEST FORM

The EDCO Collaborative has been certified by the Department of Criminal Justice Information Services for access to all criminal case data including conviction, non-conviction and pending. As an employee/applicant or volunteer for the position of _____, I understand that a criminal record check will be conducted for conviction, non-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.

Signature of Employee, Applicant, or Volunteer Date _____
(Circle One)

EMPLOYEE/APPLICANT/VOLUNTEER INFORMATION (Please 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
(LAST 6 DIGITS- REQUIRED) (If Applicable)

MOTHER'S MAIDEN NAME

CURRENT ADDRESS: _____

FORMER ADDRESSES: _____

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

STATE DRIVER'S LICENSE NUMBER: _____

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____, proved to me through satisfactory evidence of identification, which was _____, to be the person whose name is signed on the preceeding document in my presence.

My Commission expires _____
(Date)

REQUESTED BY: _____
Thomas F. Markham III, Director of Contract Management & Human Resources