



Program Number: _____

Program Director's Initials: _____

CORI REQUEST FORM

The Collaborative for Educational Services 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 _____ Special Education Surrogate Parent _____, 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
(Circle One)

Date

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
(LAST 6 DIGITS- REQUIRED)

ID THEFT INDEX PIN
(If Applicable)

MOTHER'S MAIDEN NAME

CURRENT ADDRESS: _____

FORMER ADDRESSES: _____

SEX: _____ **HEIGHT:** ____ ft. ____ in. **EYE COLOR:** _____ **RACE:** _____

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: _____

HR Representative, Collaborative for Educational Services (CES)