



## *Town of Franklin Recreation Department*

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*275 Beaver Street  
Franklin, MA 02038  
(508) 613-1666*

*Website: [www.franklin.ma.us/recreation](http://www.franklin.ma.us/recreation)*

Dear Applicant:

As per our department policy, we must submit CORI form (criminal offender recorded information) verification for all current and prospective participants who will be representing the Recreation Department. To process a completed CORI you will need to provide us with the last (6) six digits of your social security number, your ethnicity, your gender, birth date and signature. Attached please find the required form. Please return this completed form so that we may submit for a recorded check.

Although every effort is made to return CORI data as quickly as possible, please allow up to two weeks for processing.

Thank you for your interest in our department.

Attached

### Chapter 6, § 172H CORI REQUEST FORM

The Franklin Recreation Department has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant/employee for \_\_\_\_\_, I understand that a criminal record check will be conducted for 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.

\_\_\_\_\_  
Applicant/Employee Signature (Please print)

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE NAME

\_\_\_\_\_  
MAIDEN NAME or ALIAS (IF APPLICANT)

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

LAST 6 DIGITS

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

GENDER: M/F

RACE: W/B/HISPANIC/OTHER \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_

SIGNATURE OF CORI AUTHORIZED EMPLOYEE

\_\_\_\_\_  
CHSB USE ONLY

RECORD ATTACHED: \_\_\_\_\_ NO RECORD: \_\_\_\_\_