

**Diocese of Springfield**  
65 Elliot Street - P.O. Box 1730  
**Springfield, Massachusetts 01102**

DIOMA12-00206

HUMAN RESOURCES  
TEL. 413-452-0683  
FAX 413-452-0681

**CORI REQUEST FORM**  
REVISED 5/2012

Diocese of Springfield Human Resource Department has been certified by the Criminal History Systems Board for access to all criminal case data including conviction, non-conviction and pending. As an **APPLICANT/EMPLOYEE** 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.

Organization: \_\_\_\_\_ CITY OR TOWN \_\_\_\_\_  
(Indicate name of Parish, School or Organization)

Applicant/ Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

**APPLICANT/ EMPLOYEE INFORMATION (please print)**

LAST NAME \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_

MAIDEN NAME OR ALIAS: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

LAST 6 DIGITS OF SOCIAL SECURITY#( required): \_\_\_\_\_ MOTHER'S MAIDEN NAME \_\_\_\_\_

CURRENT ADDRESS: (Cannot be a Post Office Box) \_\_\_\_\_

**This form must be accompanied by a license or photo I.D. (STATE REQUIREMENT)**

**To be completed by Organizational Representative verifying identification of Employee:**

DOCUMENT TITLE: \_\_\_\_\_ ISSUING AUTHORITY: \_\_\_\_\_  
(Must be a government-issued photographic form of identification)

Expiration Date: \_\_\_\_\_ ID # \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ SEX: M F

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee

Signature and Printed Name of Church/Organizational Representative \_\_\_\_\_ Date \_\_\_\_\_

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

**SIGNATURE OF CORI AUTHORIZED EMPLOYEE**  
**Peter D. Schmidt, Director of Human Resources**