

Senior Center  
120 R Main Street  
North Andover, MA 01845



Telephone (978) 688-9560  
Fax (978) 688-9563  
Irene O'Brien, Director

## North Andover Council on Aging

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### Chapter 6 172C CORI Request Form

The North Andover Council on Aging has been certified by the Criminal History Systems Board for access to all criminal offender record information on the following individual pursuant to Chapter 6 172C that mandates agencies which employ or accept as a volunteer or refer for employment any individual who will provide care, treatment, education, training, transportation, delivery of meals, instruction, counseling, supervision, recreation, or other services in a home or in a community based setting for any elderly person or disabled person, or who will have any direct or indirect contact with such elderly or disabled persons or access to such person's files shall obtain all available CORI from the Criminal History Systems Board prior to employing such individual, accepting such individual as a volunteer or referring such individual for employment.

\_\_\_\_\_  
Applicant's Signature & Date

#### Applicant Information (Please Print)

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

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

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

\_\_\_\_\_  
MAIDEN NAME OR ALIAS (IF APPLICABLE)

\_\_\_\_\_  
PLACE OF BIRTH

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
SOCIAL SECURITY #  
(Requested but not required)

\_\_\_\_\_  
MOTHER'S MAIDEN NAME

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

CITY/STATE/ZIP \_\_\_\_\_

FORMER ADDRESS \_\_\_\_\_

(If less than 5 years)

SEX: \_\_\_\_ HEIGHT: \_\_\_\_ ft. \_\_\_\_ in. WEIGHT: \_\_\_\_ EYE COLOR: \_\_\_\_

STATE DRIVER'S LICENSE NUMBER: \_\_\_\_\_

The above information was verified by reviewing the following form of government issued photographic identification: \_\_\_\_\_

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

SIGNATURE OF CORI AUTHORIZED EMPLOYEE