

Town of Wilmington

Town Manager's Office

Human Resources Department
121 Glen Road
Wilmington, MA 01887-3597

CORI AUTHORIZATION #: TOWNMA12-04105

PHONE: (978) 658-3311 FAX: (978) 658-3334

TTY: (978) 694-1417

WWW. WILMINGTONMA. GOV

CORI REQUEST FORM

ed for convictions and pe e information below is co		information only and that of my knowledge.	at it will not	necessarily dis
		y		
	APPLICANT/VOLUNT	EER/EMPLOYEE SIGNATU	RE	
APPLICANT/VOLUNTEER/E	MPLOYEE INFORMATI	ON – PLEASE PRINT CLE	ARLY	
NAME:				
LAST	FIRST	MIDDLE INIT	ΓIAL	SUFFIX
FORMER LAST NAME(S	S): FORMER LAST NAME 1	FORMER LAST NAME 2 FORM	ER LAST NAME 3	FORMER LAST NAME 4
DATE OF BIRTH:		LAST SIX SSN	· <u>***</u>	
	MM/DD/YYYY			
GENDER:	RACE:	ID THEFT INDEX PIN* _		IF APPLICABLE
				IF APPLICABLE
FATHER'S NAME:	LAST NAME	FIRST NAME		
MOTHER'S NAME:				
MOTHER S NAME:	LAST NAME	FIRST NAME	MAII	DEN NAME
DRIVER'S LICENSE NO	·.:			
	STATE OF ISSUE		NUMBER	
ITERNAL USE				

REQUESTED BY:

SIGNATURE OF CORI AUTHORIZED EMPLOYEE

* The CHSB Identity Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. All CORI requests forms that include this field are required to be submitted to the CHSB via mail or fax to (617) 660-4614.