



Mount Wachusett  
Community College

444 Green Street, Gardner, MA 01440-1000

MTWCS  
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**CORI REQUEST FORM**

Mount Wachusett Community College – Student Services has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant for clinical placement, 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 is correct to the best of my knowledge.

Applicant Signature

**APPLICANT INFORMATION (PLEASE PRINT)**

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE)

PLACE OF BIRTH

DATE OF BIRTH

SOCIAL SECURITY NUMBER  
(Requested but not required)

\*\*ID Theft Index PIN  
(if applicable)

MOTHER'S MAIDEN NAME

CURRENT AND FORMER ADDRESSES:

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

STATE DRIVER'S LICENSE NUMBER \_\_\_\_\_  
(include state of issue)

\*\*\*THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION: \_\_\_\_\_

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 Index 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.

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**MWCC USE ONLY:**

MAJOR \_\_\_\_\_ SEMESTER \_\_\_\_\_ YEAR \_\_\_\_\_

DATE SENT \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_