



District: \_\_\_\_\_

Program: \_\_\_\_\_

Season: \_\_\_\_\_

MAH Number: \_\_\_\_\_

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

Massachusetts Hockey, Inc. is requesting all the available criminal offender record information (CORI) on the following individual from the Criminal History Systems Board pursuant to Chapter 6, §172H which mandates organizations primarily engaged in providing activities or programs to children 18 years of age or less that accepts volunteers, to obtain all CORI regarding volunteers prior to accepting any person as a volunteer.

#### VOLUNTEER INFORMATION (please type)

\_\_\_\_\_  
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)

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

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

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

SEX: \_\_\_\_ HEIGHT: \_\_\_\_ft. \_\_\_\_in. WEIGHT: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_

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

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

\_\_\_\_\_  
DRIVERS LICENSE

\_\_\_\_\_  
OTHER:

(Specify type)

(Number)

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

\_\_\_\_\_  
SIGNATURE OF CORI AUTHORIZED EMPLOYEE