

District:	
Program: _	
Season:	
MASMA12-030	053

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 GL c. 6s. 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 employees, volunteers, vendors or contractors.

*** VOLUNTEER INFORMATION (PLEASE TYPE) ***				
Last Name Fi	irst Name	Middle Name		
Maiden Name or Alias (If Applicable)	Place of Birth (City, State, Count	ry)	
Date of Birth (mm/dd/yyyy)	Social Security Number (Last 6 numbers- <i>REQUIRED</i>)	ID Theft Index (If available)	PIN	
Mother's Maiden Name	-			
Height ft in ~ Weight Driver License Number		·SEX	Male Female (Check One)	
Current Address				
Street and number	City	State		
Former Address				
Street and number	City	State	Zip	
THE INFORMATION WAS VERIFIED WITH THE F	OLLOWING FORM OF GOVERNMENT IS:	SUED PHOTOGRAPHIC I	DENTIFICATION.	
Form of Picture ID:				
Requested by:	ure of CORI Authorized Employee			

*If an applicant has provided an Identity Theft PIN number on this form, please ONLY mail or fax forms with Identity Theft PIN numbers to DSJIS. All other CORI request must be processed electronically through Web-CORI. Do not mail or fax other forms to DCJIS