



MINISTRY OFFICES
3 Militia Drive
Lexington, MA 02421

TEL 781.862.6499
FAX 781.674.2824
www.grace.org

GRAMA12-02370I
172H
FE1643

CHAPTER 6, § 172H CORI REQUEST FORM

Grace Chapel, Inc. is requesting all the available Criminal Offender Record Information (CORI) on the following individual from the Criminal History Systems Board (CHSB) 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.

I authorize Grace Chapel to request my CORI information from the CHSB. I understand that if a criminal record is received from CHSB, I will be mailed a copy of the record for my review at my current address.

Signature of Volunteer Applicant

Today's Date

PLEASE PRINT CLEARLY ALL INFORMATION BELOW

MINISTRY AREA: _____ CAMPUS LOCATION: _____

LAST NAME FIRST NAME MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE): PLACE OF BIRTH DATE OF BIRTH

XXX- _____ - _____ (last 6 digits **required**)
SOCIAL SECURITY NUMBER *ID THEFT INDEX PIN (if applicable)

EMAIL ADDRESS MOTHER'S MAIDEN NAME

CURRENT MAILING AND FORMER ADDRESSES: _____

SEX: _____ HEIGHT: ___ Ft ___ In WEIGHT: _____ EYE COLOR: _____

STATE DRIVER'S LICENSE NUMBER: _____ State of issue: _____

*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. **All CORI request forms that include this field are required to be submitted to the CHSB vial mail or by fax to 617-660-4614**

(Please do not write below this line)
THE INFORMATION WAS VERIFIED WITH THE FOLLOWING FORM OF GOVERNMENT ISSUED
PHOTOGRAPHIC IDENTIFICATION: _____

REQUESTED BY: _____
SIGNATURE OF GRACE CHAPEL CORI AUTHORIZED EMPLOYEE

08/1/2016