

**CRIMINAL OFFENDER RECORD INFORMATION (CORI)  
REQUEST FORM**

Cambridge License Commission has been certified by the Executive Office of Public Safety and Security for access to conviction and pending criminal case data. As an applicant for a \_\_\_\_\_, 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.

**APPLICANT INFORMATION (PLEASE PRINT CLEARLY)**

\*First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

\*Last Name: \_\_\_\_\_ Suffix (Jr., III): \_\_\_\_\_

\*Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

\*Phone Number: \_\_\_\_\_ \*Email: \_\_\_\_\_

\*Last six digits of Social Security #:XXX - \_\_\_ - \_\_\_\_\_ \*If no Social Security Number, check here:

\*Current Street Address (include state and zip code): \_\_\_\_\_

Former Last Name(s): \_\_\_\_\_

Alias(es), if any: \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ Mother's Full Name: \_\_\_\_\_

*I, the undersigned, hereby acknowledge that the License Commission for the City of Cambridge is registered under the provisions of G. L. c. 6, § 172, to receive Criminal Offender Record Information ("CORI") for the purposes of screening current licensees and potential licensees. I am hereby providing my authorization to the Cambridge License Commission to conduct a CORI check and obtain and review information from the Department of Criminal Justice Information Services ("DCJIS"). I understand this authorization is valid for one year from the date of my signature and it can only be withdrawn if I submit written notice to the License Commission. Finally, the License Commission is hereby authorized to conduct subsequent CORI checks within one year of the date of this form signed by me, provided the License Commission first provide me with written notice of its intent to do so. I hereby further attest and affirm the above information is true and accurate, and sign under the pains and penalties of perjury.*

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

Employee Running Check: \_\_\_\_\_ Dated: \_\_\_\_\_

CORI ISSUES:            No            Yes

COMMENTS: \_\_\_\_\_

\_\_\_\_\_