



## *Town of Franklin Recreation Department*

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*150 Emmons Street  
Franklin, MA 02038  
(508) 520-4909 phone  
(508) 520-4976 fax  
Website: [www.franklin.ma.us/recreation](http://www.franklin.ma.us/recreation)*

Town of Franklin  
Recreation Department  
150 Emmons Street  
Franklin, Ma 02038

Dear Applicant,

As per our department policy, we must submit CORI form (criminal offender record information) verification for all current and prospective participants who will be representing the Recreation Department. Enclosed, please find the required form. Please return this form with your signature so that we may submit for a record check.

All CORI requests must be received by mail. There is no fax or walk-in service available. Although every effort is made to return CORI data as quickly as possible, please allow up to two weeks for processing.

Thank you for your interest in our department, and we will be contacting you shortly.

Sincerely,

Recreation Department

**CORI REQUEST FORM**

The Franklin Recreation Department has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant/employee for \_\_\_\_\_, 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 below is correct to the best of my knowledge.

\_\_\_\_\_  
Applicant/Employee Signature

\_\_\_\_\_  
APPLICANT/EMPLOYEE INFORMATION (Please print)

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE NAME

\_\_\_\_\_  
MAIDEN NAME OR ALIAS (IF APPLICABLE)

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

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

REQUESTED BY: \_\_\_\_\_  
SIGNATURE OF CORI AUTHORIZED EMPLOYEE

\_\_\_\_\_  
CHSB USE ONLY

RECORD ATTACHED: \_\_\_\_\_ NO RECORD: \_\_\_\_\_