

CHAPTER 6, § 172H CORI REQUEST FORM

AARP Tax-Aide Program is requesting all the available criminal offender record information on the following individual from the Criminal History Systems Board pursuant to Chapter 6,1 72C that mandates agencies which employ or accept as a volunteer or refer for employment any individual who will provide care, treatment, education, training, transportation, delivery of meals, instruction, counseling, supervision, recreation or other services in a home or in a community based setting for any elderly person or disabled person or who will have any direct or indirect contact with such elderly or disabled persons or access to such person's files shall obtain all available CORI from the Criminal History Systems Board prior to employing such individual, accepting such individual as a volunteer or referring such individual for consideration.

APPLICANT INFORMATION (Please print) (* = required)

*LAST NAME _____

*FIRST NAME _____

MIDDLE INITIAL _____

SUFFIX _____

*DATE OF BIRTH (mmddyyyy) _____

*LAST SIX SOC. SEC. NO. (111-22-3333 as 223333) _____

SEX _____

RACE _____

FATHER'S NAME (LAST) _____ (FIRST) _____

MOTHER'S NAME (LAST) _____ (FIRST) _____

MOTHER'S MAIDEN NAME _____

*APPLICANT SIGNATURE _____

THE REQUIRED INFORMATION WILL BE VERIFIED BY REVIEWING A GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION.

**Please return the complete form and a copy of a government issued photo ID to –
Mary Anne Doyle, AARP Tax-Aide Administration Specialist
44 Browning St.
Weymouth, MA 02188
Madoyle.ads.ma@verizon.net**