



*The Commonwealth of Massachusetts*  
*Executive Office for Administration and Finance*  
*Division of Capital Asset Management and Maintenance*  
*One Ashburton Place*  
*Boston, Massachusetts 02108*

Tel: (617) 727-4050  
 Fax: (617) 727-5363

CHARLES D. BAKER  
 GOVERNOR

KARYN E. POLITO  
 LIEUTENANT GOVERNOR

KRISTEN LEPORE  
 SECRETARY  
 ADMINISTRATION & FINANCE  
 CAROL W. GLADSTONE  
 COMMISSIONER

**CORI REQUEST FORM**

The Division of Capital Asset Management and Maintenance has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant for Contractor Access, I understand and agree to that a CORI (Criminal Offender Record Information) request will be conducted for conviction and pending criminal case information only. This request will be made in accordance with M.G.L.—Chapter 6, Sections 167 to 178 and 803 C.M.R. 2.00-9.00. The information below is correct to the best of my knowledge.

**NOTE: Identity verification requires a copy of at least one form of government issued photographic identification. Please attach to this completed form.**

\_\_\_\_\_  
 APPLICANT SIGNATURE

\_\_\_\_\_  
 TODAY'S DATE

\_\_\_\_\_  
 APPLICANT INFORMATION (PLEASE PRINT)

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

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

\_\_\_\_\_  
 MIDDLE

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

DATE OF BIRTH: \_\_\_\_\_ (req.) SSN: XXX-\_\_\_\_-\_\_\_\_ (last six digits req.)

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

COMPANY (if applicable): \_\_\_\_\_

Requested by: \_\_\_\_\_  
 (Agency)

Contact Person: \_\_\_\_\_  
 Contact Phone: \_\_\_\_\_

Signature of CORI authorized employee: \_\_\_\_\_