



MILLIS YOUTH
BASEBALL/SOFTBALL
P.O. BOX 291
MILLIS, MA 02054



Criminal Offender Record Information (CORI) Request Form

PLEASE PRINT CLEARLY

LAST NAME FIRST NAME MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE) PLACE OF BIRTH

DATE OF BIRTH ___/___/___ SOCIAL SECURITY NUMBER ___-___-___
(Requested but not required)

MOTHERS MAIDEN NAME _____

CURRENT AND FORMER ADDRESSES (use an attachment if necessary)

SEX _____ HEIGHT _____ WEIGHT _____ EYE COLOR _____

DRIVER'S LICENSE NUMBER & STATE: _____

I understand that a criminal records check will be conducted for the purposes of checking any conviction and/ or pending criminal case(s) information only, and that it will not necessarily disqualify me. The information provided is correct to the best of my knowledge.

Applicant Signature _____

TO BE COMPLETED BY MILLIS YOUTH BASEBALL/SOFTBALL LEAGUE

*The information was verified with the following form of government issued photographic identification: _____

REQUESTED BY: _____
SIGNATURE OF CORI AUTHORIZED EMPLOYEE

Millis Youth Baseball/Softball League agrees to hold all information provided in the strictest confidence