HARVARD MEDICAL SCHOOL

HUMSR \$



OFFICE OF THE REGISTRAR 25 Shattuck Street Boston, MA 02115-6092 Telephone – 617.432.1515 Fax – 617.432.0275

CORI REQUEST FORM

Harvard University Medical School has been certified by the Criminal History systems Board for access to convictions and pending criminal case data. As an applicant for the *HMS Exchange Clerk Program*, I understand that a criminal record check will be conducted for conviction, non-conviction, and pending criminal case information only and that it will not necessarily disqualify me. The information below is current to the best of my knowledge.

Last Name First	t Name		Middle Name	
Applicant's Maiden Name (NA, if not applicable)	Place	of Birth	Date of Birth (DD/MM/YYYY	
Social Security Number (NA, if not applicable)	ID The	ft Index PIN (NA,	if not applicable)	
Mother's Maiden Name				
Current Address:				
Former Address:				
Sex: M or F Height: ft in.	Weight:	Eye C	olor:	
Driver's License Number:		State of Issue:		
APPLICANT SIGNATURE:(Unless otherwise preempted by law)				
OFFICIAL USE ONLY				
***THE ABOVE INFORMATION WAS VERIFIED PHOTO IDENTIFICATION:			G FORM OF GOVERNMENT I	
REQUESTED BY:				
Signature of authorized CORI	l emplovee			

*The CHSB Identity Theft PIN Number is to be completed by those applicants that have been issued an Identity Theft PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process.

All CORI requests that include this field are required to be submitted to the CHSB via mail or by fax to 617.660.4614