HARVARD MEDICAL SCHOOL

HUMSR
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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.

APPLICANT INFORMATION (Please Print)

_____
Last Name First Name Middle Name

_____
Applicant's Maiden Name (NA, if not applicable) Place of Birth Date of Birth (DD/MM/YYYY)

_____ _____
Social Security Number - Last 6 digits (NA, if not applicable) ID Theft Index PIN (NA, if not applicable)

_____
Mother's Maiden Name

Current Address: _____

Former Address: _____

Sex: M or F Height: _____ ft. _____ in. Weight: _____ Eye Color: _____

Driver's License Number: _____ State of Issue: _____

APPLICANT SIGNATURE: _____
(Unless otherwise preempted by law)

OFFICIAL USE ONLY

***THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTO IDENTIFICATION: _____

REQUESTED BY: _____
Signature of authorized CORI employee

*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