

## NORWOOD PUBLIC SCHOOLS

## ADMINISTRATIVE OFFICES • JAMES R, SAVAGE EDUCATIONAL CENTER

P.O. Box 67, 275 PROSPECT STREET, NORWOOD, MA 02062 TEL. (781) 762-6804 Ext. 5819 FAX (781) 762-0229



## **CORI REQUEST FORM**

Norwood Public Schools has been certified by (DCJIS) for access to all criminal case data in applicant/employee for the position of understand that a criminal record check will	ncluding conviction, n	non-conviction and pen	ding. As an , I
criminal case information only and that it will correct to the best of my knowledge.			
		Signature	
APPLICANT/EMPLOY	EE INFORMATION	N (PLEASE PRINT)	
Last Name	First N		Middle Initial
Maiden Name (or other name(s) by which yo  Date of Birth		ts of Social Security Nu	umber (Required)
Current Address: Street	City	State	Zip Code
Driver's License / ID Number	State of Issue		4
This information was verified with the follow	ving form of governme	ent issued photographi	c identification:
Requested by:	crintendent of Schools		