Age Group: _____
Program: _____
Season: _____

Arlington Youth Lacrosse . is requesting all the available criminal offender record information (CORI) on the following individual from the Criminal History Systems Board pursuant to GL c. 6s. 172H which mandates organizations primarily engaged in providing activities or programs to children 18 years of age or less that accepts volunteers, to obtain all CORI regarding employees, volunteers, vendors or contractors.

***** VOLUNTEER INFORMATION (PLEASE TYPE) *****

_____ _____ _____
Last Name First Name Middle Name

_____ _____
Maiden Name or Alias (If Applicable) Place of Birth (City, State, Country)

_____ _____- _____ _____
Date of Birth (mm/dd/yyyy) Social Security Number (Last 6 numbers- ***REQUIRED***) ID Theft Index PIN (If available)

_____
Mother's Maiden Name

Height_____ ft _____ in ~ **Weight** _____ in lbs ~ **Eye Color** _____ **SEX** Male Female (Check One)

Driver License Number _____ State _____

Current Address .

_____ _____ _____ _____
Street and number City State Zip

Former Address .

_____ _____ _____ _____
Street and number City State Zip

THE INFORMATION WAS VERIFIED WITH THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION.

Form of Picture ID: _____

Requested by: _____
Signature of CORI Authorized Employee

**If an applicant has provided an Identity Theft PIN number on this form, please ONLY mail or fax forms with Identity Theft PIN numbers to DSJIS. All other CORI request must be processed electronically through Web-CORI. Do not mail or fax other forms to DCJIS*