



Lexington Public Schools

146 Maple Street ♦ Lexington, Massachusetts 02420

CORI REQUEST FORM

Location/School _____

____ Applicant ____ Employee ____ Volunteer ____ Student Intern ____ Other: _____

____ Contract Service/Company Name: _____

Print: Last Name

First Name

Middle Name

Suffix

Maiden Name (or other name(s) by which you have been known.)

Date of Birth

Place of Birth

Last six digits of your social security number (**REQUIRED**): XXX-_____-_____

Sex: ____ Height: ____ft ____in. Eye Color: _____ Race (optional): _____

Mother's Full Maiden Name

Father's Full Name

Current Street Number and Name

City/Town

State

Zip

Former Street Number and Name

City/Town

State

Zip

The above information was verified by reviewing the following form(s) of government issued identification:

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

If No Drivers License - Other Form of Photo ID: _____

VERIFIED BY: _____

Printed Name of Verifying Employee

Signature: _____

Date: _____

Level 3 SORI Record Found ____ Y ____ N

Date _____ Initial _____