



OPTOMETRY
ICORI REQUEST FORM

MCPHS

Massachusetts College of Pharmacy and Health Sciences has been certified by the Department of Criminal Justice Information Services (DCJIS) for access to conviction and pending criminal case data. As an student at or an employee of Massachusetts College of Pharmacy and Health Sciences, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

Student/Employee Signature

STUDENT/EMPLOYEE INFORMATION (PLEASE PRINT)

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE)

DATE OF BIRTH

SOCIAL SECURITY NUMBER

*I.D. Theft Index PIN (if applicable)

MOTHER'S NAME

FATHERS NAME

CURRENT AND FORMER ADDRESSES:

SEX: _____ HEIGHT: ___ ft. ___ in. WEIGHT: ___ EYE COLOR: _____

STATE DRIVER'S LICENSE NUMBER: _____

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

Name of Person verifying identity: _____

SIGNATURE OF CORI OFFICER

*The DCJIS Identity Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft Index PIN 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 request forms that include this field are required to be submitted to the ICORI via mail or by facsimile to (617) 660-4614.** Please attach a copy of a government issued Photo ID