need copy of drivers license

Benjamin Franklin
Classical Charter Public School

The Benjamin Franklin Classical Charter Public School is requesting all the available criminal offender record information (CORI) on the following individual from the Criminal History Systems Board pursuant to Chapter 6 172(b) and (c) which mandates school committees, superintendents and principals of public or accredited private schools of any city, town, or regional school district shall have access to and shall obtain all available CORI for purposes of screening current and otherwise qualified prospective employees and volunteers who may have direct and unmonitored contact with children, including but not limited to, individuals regularly providing school-related transportation to children. Said school committee, superintendent or principal shall also have access to all available CORI of any subcontractor or laborer commissioned by the school committee of any city, town or regional school district to perform work on school grounds, and who may have direct and unmonitored contact with children.

_____ _____
APPLICANT/EMPLOYEE SIGNATURE DATE
(Unless otherwise preempted by law)

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

_____ _____ _____
LAST NAME FIRST NAME MIDDLE NAME

_____ _____
MAIDEN NAME OR ALIAS (IF APPLICABLE) PLACE OF BIRTH

_____ _____ _____
DATE OF BIRTH SOCIAL SECURITY NUMBER ID THEFT INDEX PIN
(last 6 digits only)
(if applicable)

_____
MOTHER'S MAIDEN NAME

CURRENT AND FORMER ADDRESSES: _____
_____

SEX:_____ HEIGHT: ___ft. ___in. WEIGHT:_____ EYE COLOR:_____

STATE DRIVER'S LICENSE NUMBER: _____ (Include state of issue)

****THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION:_____
REQUESTED BY:_____
SIGNATURE OF CORI AUTHORIZED EMPLOYEE

**The CHSB Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft Index 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 REQUEST FORMS THAT INCLUDE THIS FIELD ARE REQUIRED TO BE SUBMITTED TO THE CHSB VIA MAIL OR BY FAX TO 617-660-4614.