



COHASSET APPALACHIA SERVICE PROJECT

CORI CHECK AUTHORIZATION

THANKS FOR VOLUNTEERING!!

Please return the form below and a copy of your driver's license to Cohasset ASP to complete your registration.

Mail to:
Cohasset ASP
43 Highland Avenue
Cohasset, MA 02025



Please provide a **copy of your drivers' license** for ASP trip vehicle use and the following CORI.



AUTHORIZATION AND REQUEST FOR CRIMINAL RECORDS CHECK

I, _____, hereby authorize Cohasset Appalachia Service Project (CASP) and The Second Congregational Church (SCC) of Cohasset to request Cohasset Police Department, or any entity chosen by CASP or SCC specifically for conducting this search, to release information regarding any record or charges or convictions contained in its files, or in any criminal file maintained on me, whether said file is a local, state, or national file, and including but not limited to accusations and convictions for crimes committed against minors, to the fullest extent permitted by state and federal law. I do release said police department and other entities from all liability that may result from any such disclosure made in response to this request.

Signature of Applicant _____ Date _____

Print Applicant's Full Name _____

Print all other names that have been used by the applicant (if any) _____

Last 6 digits of Social Security No: _____ Place of Birth: _____

Driver's License Number: _____

Driver's License Expiration: _____ Birth Date*: _____

*** required for ALL drivers**