



Simmons University

College of Natural, Behavioral, and Health Sciences

Department of Nursing

CBRCH

\$

SMCLG

CORI REQUEST FORM

Castle Branch, Inc. has been certified by the Criminal History Systems Board as a background check company and may access and receive CORI from this agency for the purpose of screening otherwise qualified individuals for client agencies or companies to the same extent as the client agency or company is authorized to receive CORI by the CHSB.

As an applicant/employee for the position of Nursing Student at Simmons University – Nursing Department, I understand that a criminal record check will be conducted by Castle Branch, Inc. and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

Dated: _____
Applicant/Employee Signature _____

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 _____ MOTHER'S MAIDEN NAME _____
(Requested but not required)

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: _____

REQUESTED BY: _____
SIGNATURE OF CORI AUTHORIZED EMPLOYEE