

Town Of Sterling

Select Board

CORI REQUEST FORM

		below is correct to the best of my knowledge. mployee Signature
	Parent or Gu	uardian Signature
	APPLICANT/EMPLOYEE IN	NFORMATION (PLEASE PRINT)
LAST NAME	FIRST NAME	MIDDLE NAME
MAIDEN NAME OR ALIAS ((IF APPLICABLE)	PLACE OF BIRTH
DATE OF BIRTH	SOCIAL SECURITY NUMBER	ER (last 6 #s only)
MOTHER'S FULL NAME		MAIDEN NAME
FATHER'S FULL NAME		
CURRENT ADDRESS:		
FORMER ADDRESS:		
		EYE COLOR
STATE DRIVER'S LICENSE	NUMBER:	
***THE ABOVE INFORMAT	TION WAS VERIFIED BY REVI	EWING THE FOLLOWING FORM OF GOVERNMENT ISSUED
DATE OF A DATE OF THE PERSON	CATION	