

**HYPCH  
CH336  
\$15.00**

**PARK PLACE  
REHABILITATION AND SKILLED CARE CENTER  
113 CENTRAL AVENUE  
HYDE PARK, MASSACHUSETTS 02136**

617-361-2388  
Phone

617-364-3112  
Fax

**M.G.L. c 6 §172E CORI REQUEST FORM**

Park Place Rehabilitation and Skilled Care Center is requesting all the available criminal offender record information on the below named individual from the Criminal History Systems Board pursuant to M.G.L. c 6 §172E, which mandates that long term care facilities complete background checks on current or prospective employees who will provide direct personal care and treatment to residents of said facility.

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APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE NAME

\_\_\_\_\_  
MAIDEN NAME OR ALIAS (IF APPLICABLE)

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_-\_\_\_\_-\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REQUESTED BY: \_\_\_\_\_  
SIGNATURE OF CORI AUTHORIZED EMPLOYEE