

Stoughton Youth Baseball
P.O. BOX 56
STOUGHTON, MA 02072

CORI/SORI Authorization

As an applicant for the position of coach, assistant coach, umpire, league official or employee, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

Applicant Signature

APPLICANT INFORMATION (Please Print)

Last Name

First Name

Middle Name

Maiden Name or Alias (If Applicable)

Date of Birth: _____

Address: _____

Last six digits of your Social Security Number: _____

Requested By: _____

Signature of CORI Authorized Employee _____

: WWW.STOUGHTONYOUTHBASEBALL.ORG