

## **SUBJECT INFORMATION**

Please complete this section using the information of the person whose CORI you are requesting.

The fields marked with an asterisk (\*) are required fields.

* First Name:	Middle Initial:
* Last Name:	Suffix (Jr., Sr., etc.):
Former Last Name 1:	
Former Last Name 2:	
Former Last Name 3:	
Former Last Name 4:	
* Date of Birth (MM/DD/YYYY):	
* Last <b>SIX</b> digits of Social Security Number:	No Social Security Number
Father's Full Name:	
Mother's Full Name:	
Current	Address
* Street Address:	
Apt. # or Suite: *City:	*State: *Zip:
SUBJECT VE	RIFICATION
The above information was verified by reviewing the following	g form(s) of government-issued identification:
Verified by:	
Christopher Chiu	
Print Name of Verifying Employee	
Signature on file with NECYSC	Summer Camp 2025
Signature of Verifying Employee	 Date

Use of legal name as shown on government-issued ID is a MUST