

CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT, VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES.

The Town of Westwood is registered under the provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to the Town of Westwood to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I many withdraw this authorization at any time by providing the Town of Westwood written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The Town of Westwood may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that the Town of Westwood must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provide
on Page 2 of this Acknowledgement Form is true and accurate.

SIGNATURE	DATE

SUBJECT INFORMATION:

*Last Name	*First Name	Mid	dle Name	Suffix
Maiden Name (or oth	ner name(s) by which y	ou have been knowr	<u>n)</u>	
*Date of Birth	Place of Birth			
*Last Six Digits of Y	our Social Security Nu	ımber:		_
Sex: Heigh	t: ft in.	Eye Color:	Race:	
Driver's License or I	D Number:		State of Is	ssue:
Mother's Full Maiden Name Father's Full Name				
Current and Former A	Addresses:			
Street Number & Nar	me	City/Town	State	Zip
Street Number & Na	me	City/Town	State	Zip
The above information identification:	on was verified by revie	ewing the following	form(s) of governme	ent-issued
VERIFIED BY:	Name of Verifying E	mployee (Please Prin	nt)	
	Signature of Verifyin	g Employee		