

CRIMINAL OFFENDER RECORD INFORMATION (CORI) FOR WESTWOOD DAY ACKNOWLEDGEMENT FORM

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

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

As a prospective or current employee, subcontractor, volunteer, event participant, 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 may 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, EVENT PARTICIPATION AND LICENSING PURPOSE ONLY

By signing below, I provide my consent to a CORI check for the below listed purpose:

Event Participant for Westwood Day 2023

SIGNATURE		DATE	
Last Name	First Name	Middle Initial	Suffix
Phone	Emai	I	
Maiden Name (or other n	ame(s) by which you have been	known)	
Date of Birth		Place of Birth	

Westwood Police Department ● 588 High Street ● Westwood, Massachusetts 02090 ● Phone: 781.320.1000

Social Security Number:			(full number is required) (must attach/provide copy) State of Issue				
Driver's License of	State of						
Mother's Full Maid	den Name	Ī	Father's Full Nan	ne			
Street Number and	Name	(City or Town	State	Zip Code		
Westwood Day Gr Volunteer)	oup or Organizatio	n Affiliation (E	xample: Charlie'	s Chowder H	ouse/WWD		
Administrative Use The above informa government-issued	tion was verified b	y reviewing the	following (copy	attached) fo	orm(s) of		
VERIFIED BY:	Name of Verify	ying Employee ((Please Print)				
	Signature of Ve	erifying Employ	vee				

Mail or deliver form to:
Chief of Police, Westwood Police Department
588 High Street
Westwood, MA 02090

For any questions regarding this form please contact the Chief of Police at 781-320-1000 or email chief@westwoodpd.org

<u>IMPORTANT</u>: DO NOT EMAIL FORM – SENSITIVE INFORMATION ENCLOSED **MUST BE DELIVERED TO POLICE DEPT BY SEPTEMBER 15, 2023**