



**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 2024**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
Suffix

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Maiden Name (or other name(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)

\_\_\_\_\_  
Driver's License or ID Number State of Issue (must attach/provide copy)

\_\_\_\_\_  
Mother's Full Maiden Name Father's Full Name

\_\_\_\_\_  
Street Number and Name City or Town State Zip Code

\_\_\_\_\_  
**Westwood Day Group or Organization you are Affiliated with (Example: Charlie's Chowder House/WWD Volunteer)**

**Administrative Use**

The above information was verified by reviewing the following (copy attached) form(s) of government-issued identification:

\_\_\_\_\_  
\_\_\_\_\_

VERIFIED BY: \_\_\_\_\_  
Name of Verifying Employee (Please Print)

\_\_\_\_\_  
Signature of Verifying Employee

**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](mailto:chief@westwoodpd.org)**

**IMPORTANT: DO NOT EMAIL FORM – SENSITIVE INFORMATION ENCLOSED**

**\*\*MUST BE DELIVERED TO POLICE DEPT BY SEPTEMBER 13, 2024\*\***