

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	Middle Name	Suffix
Maiden Name (or other	er name(s) by which you have	e been known)	
*Date of Birth		Place of Birth	
*Last Six Digits of Yo	our Social Security Number:	_X X X	
Sex: Height	: ft in. Eye	e Color: Race:	
Driver's License or II	Number:	State of	of Issue:
Mother's Full Maiden Current and Former A		Father's Full Name	
Street Number & Nan	ne City/T	Yown State	Zip
Street Number & Nan	ne City/T	Yown State	Zip
The above information identification:	n was verified by reviewing th	he following form(s) of govern	nment-issued
VERIFIED BY:	Name of Verifying Employe	e (Please Print)	
	Signature of Verifying Emplo	ovee	