Criminal Offender Record Information (CORI) Acknowledgement Form

To be used by organizations conducting CORI checks for employment, volunteer, subcontractor, licensing, and housing purposes.

__________________________________________________________ is registered under the
(Town of Orange)
(provision 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 ____________________________________________ (Organization) 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 ____________________________________________ (Organization) with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

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

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

__________________________________________________________
Signature of CORI Subject

__________________________________________________________
Date
# 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.

<table>
<thead>
<tr>
<th>* First Name:</th>
<th>Middle Initial:</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Last Name:</td>
<td>Suffix (Jr., Sr., etc.):</td>
</tr>
</tbody>
</table>

Former Last Name 1:  
Former Last Name 2:  
Former Last Name 3:  
Former Last Name 4:  

* Date of Birth (MM/DD/YYYY):  
**Place of Birth:**  

* Last SIX digits of Social Security Number:  
□ No Social Security Number

<table>
<thead>
<tr>
<th>Sex:</th>
<th>Height: ___ ft. ___ in.</th>
<th>Eye Color:</th>
<th>Race:</th>
</tr>
</thead>
</table>

Driver’s License or ID Number:  
State of Issue:  

Father’s Full Name:  
Mother’s Full Name:  

## Current Address

| * Street Address: | Apt. # or Suite: | *City: | *State: | *Zip: |
|------------------|-----------------|-------|--------|

## SUBJECT VERIFICATION

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

______________________________

Verified by:

______________________________

Print Name of Verifying Employee

______________________________

Signature of Verifying Employee

Date