## **CRIMINAL OFFENDER RECORD INFORMATION (CORI)** ACKNOWLEDGEMENT FORM

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT,

VOLUNTEER, SUBCONTRACTOR AND LICENSING PURPOSES.
The <b>TOWN OF BOURNE</b> is registered under the provisions of M.G.L. c. 6, § 172 to receive <b>CORI</b> for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants and current licensees.
As a prospective or current employee, subcontractor, volunteer, license applicant, or current licensee, I understand that a <b>CORI</b> check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission toto submit a <b>CORI</b> 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 written notice of my intent to withdraw consent to a <b>CORI</b> check.
any time by providing written notice of my intent to withdraw consent to a <b>CORI</b> check. <b>FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:</b> The <b>TOWN OF BOURNE</b> may conduct subsequent <b>CORI</b> checks within one year of the date this Form was signed by me provided, however, that the <b>TOWN OF BOURNE</b> must first provide me with written notice of this check.
By signing below, I provide my consent to a <b>CORI</b> check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.
SIGNATURE DATE

## SUBJECT INFORMATION: (A red asterisk (\*) denotes a required field)

*Last Name	*First Name	Mic	ddle Name	Suffix	
Maiden Name (or other n	ame(s) by which you have	e been known)			
*Date of Birth	nte of Birth Place of Birth				
*Last Six Digits of Your So	ocial Security Number:				
Sex: Height	::ftin. Eye (	Color:	Race:		
Driver's License or ID Nu	mber:	State of Issue:			
Mother's Full Name	Mother's Maiden N	ame Father's	Father's Full Name		
Current and Former A	Addresses:				
Street Number & Name		City/Town	State	Zip	
Street Number & Name		City/Town	State	Zip	
The above information w issued identification:	as verified by reviewing t	he following for	m(s) of governi	ment-	
VERIFIED BY:	Name of Verifying Employ	ee (Please Print	)		
	Signature of Verif	ying Employee			