## CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

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

to receive CORI for the purpose of screening	registered under the provisions of M.G.L. c.6, § 172 current and otherwise qualified prospective se applicants, current licenses, and applicants for
submitted for my personal information to the permission to the Town of Sherborn to submit This authorization is valid for one year from t	housing, I understand that a CORI check will be DCJIS. I hereby acknowledge- and provide it a CORI check for my information to the DCJIS. he date of my signature. I may withdraw this wn of Sherborn written notice of my intent to
The Town of Sherborn year of the date this Form was signed by me first provide me with written notice of this ch	may conduct subsequent CORI checks within one provided, however, that Town of Sherborn must eck.
By signing below, I provide my consent to a C provided on Page 2 of the Acknowledgment F	ORI check and acknowledge that the information Form is true and accurate.

Date

Signature

## **SUBJECT INFORMATION:**

Last Name			First Name	Middle	Name	Suffix
	e (or other nar		which you have t	oeen known.		
Date of Birth		_	Place of	Birth		
Last Six Digits	s of your Social	Security	Number	<del>-</del>		
			in. Eye Co			
Driver's Licen	nse or ID Numb	er:				
Mother's Ma	iden Name			Full Name		
Current and I	Former Addres	ses:				
Street Number	er and Name		City/Tow	ın S	State	Zip
Street Numb	er and Name		City/Tow	vn S	State	Zip
The above in	formation was	verified b	by reviewing the	following form	n(s) of gov	ernment-issued
VERIFIED BY:	Name of Ver	ifying Em	ployee (Please P	rint)		
	Signature of	Verifying	Employee			