

CRIMINAL OFFENDER RECORD INFORMATION (CORI)

ACKNOWLEDGEMENT FORM

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

Marblehead Council on Aging 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 licenses and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licenses, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the MA Department of Criminal Justice Information Services (DCJIS). I hereby acknowledge and provide permission to the Marblehead Council on Aging to submit a CORI check for my information from DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing Marblehead Council on Aging written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The Marblehead Council on Aging may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that Marblehead Council on Aging 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 provided on back of this Acknowledgement Form is true and accurate.

SIGNATURE

DATE

Other side, please

SUBJECT INFORMATION: (an asterisk(*) denotes a required field)

*Last Name *First Name Middle Name Suffix

Maiden Name (or other name(s) by which you have been known)

*Date of Birth Place of Birth

*Last **Six** Digits of Your Social Security Number: - - -

Sex: ____ Height: ____ ft ____ Inches Eye Color: ____ Race: ____

Driver's License or ID Number: _____ State of issue: _____

Mother's **Full** Maiden Name:

Father's Full Name:

Current and Former Addresses:

Street Number and Name City/Town State Zip Code

Street Number and Name City/Town State Zip Code

For office use only: _____

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

Verified by: _____
Name of verifying employee (Please Print)

Signature of verifying employee