



THE COMMONWEALTH OF MASSACHUSETTS
 EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
 Department of Criminal Justice Information Services
 200 Arlington Street, Suite 2200, Chelsea, MA 02150
 TEL: 617-880-4640 | TTY: 617-880-4608 | FAX: 617-880-5973
 MASS.GOV/CJIS



**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 WAKEFIELD is registered under the
 (Organization)
 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 WAKEFIELD
 (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 THE TOWN OF WAKEFIELD
 (Organization)

with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The THE TOWN OF WAKEFIELD may conduct
 (Organization)
 subsequent CORI checks within one year of the date this Form was signed by me, provided, however, that THE TOWN OF WAKEFIELD, must first provide me
 (Organization)
 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

PLEASE SIGN, DATE AND COMPLETE THE REVERSE OF THIS FORM



THE COMMONWEALTH OF MASSACHUSETTS
 EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
 Department of Criminal Justice Information Services
 200 Arlington Street, Suite 2200, Chelsea, MA 02160
 TEL: 617-660-4640 | TTY: 617-660-4806 | FAX: 617-660-6973
 MASS.GOV/CJIS



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.

* First Name: _____ Middle Initial: _____

* Last Name: _____ Suffix (Jr., Sr., etc.): _____

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

Sex: _____ Height: _____ ft. _____ in. Eye Color: _____ Race: _____

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: _____

STOP HERE - RETURN WITH COPY OF BIRTH CERTIFICATE & DRIVER'S LIC
SUBJECT VERIFICATION

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

Verified by:

AMY B. FORZIATI

Print Name of Verifying Employee

Signature of Verifying Employee

Date