

* Please provide a copy of your Drivers License with this form.
* Please fill out all checked (✓) lines.



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: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
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.

Town of Westport 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 Town of Westport
(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 Town of Westport
(Organization)

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

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The Town of Westport may conduct
(Organization)
subsequent CORI checks within one year of the date this Form was signed by me, provided, however, that Town of Westport, 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



**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: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
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: _____

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