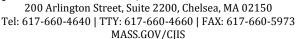




THE COMMONWEALTH OF MASSACHUSETTS EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY

Department of Criminal Justice Information Services





This form is **NOT** to be faxed. Please return form to Northampton Parks & Recreation

CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT, VOLUNTEER, OR LICENSING AND PURPOSE.

Northampton Parks & Recreation Department 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, or current licensees.

As a prospective or current employee, subcontractor, volunteer, license applicant, or current licensee, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to **Northampton Parks & Recreation Department** 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 **Northampton Parks & Recreation Department** with written notice of my intent to withdraw consent to a CORI check.

I also understand, that **Northampton Parks & Recreation Department** may conduct subsequent CORI checks within one year of the date this Form was signed by me.

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
Check appropriate box below	
☐ Employee	
☐ Volunteer	
☐ League	

Page 1 of 2 - TURN OVER -





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: 617-660-4660 | FAX: 617-660-5973
MASS.GOV/CJIS



This form is NOT to be faxed. Please return form to Northampton Parks & Recreation CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

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

The fields marked with an	asterisk (*) are required fields.
*First Name	Middle Initial:
*Last Name	Suffix (Jr., Sr., etc.):
Former Name 1:	
Former Name 2:	
Former Name 3:	
Former Name 4:	
*Date of Birth (MM/DD/YYYY)://	Place of Birth:
*Last Six Digits of Your Social Security Number: XXX	□ No Social Security Number
Sex: Heightftin	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:	
SUBJECT VE	RIFICATION
The above information was verified by reviewing the fol	lowing form(s) of government issues identification:
Verified by:	
Print Name of Verifying Employee	
Signature of Verifying Employee	

Page 2 of 2
- TURN OVER -