

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

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: The TOWN OF NATICK may conduct subsequent CORI checks within one year of the date of this form with signed by me provided, however, that TOWN OF NATICK 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 page 2 of this Acknowledgement Form is true and accurate.

Please check one, position/school MUST be completed in order to process

Employment: Applicant --- **position:** _____

Employment: Current Employee – **position:** _____

Employment: Sub-contractor – **company/type position:** _____

Volunteers/Interns: Applicant **position:** _____

Volunteers/Interns: Current **position:** _____

Telephone #: _____ Email: _____

Signature Date

Please note: This form must be submitted with a photo

ID

*Revised: November 19,
2018*

**CORI REQUEST
FORM**

____ 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 # (this is required information):

XXX- _____

Sex: _____ Height: _____ ft. _____ in. 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

____ Street Number and Name City/Town State Zip

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

VERIFIED BY:

_____ Name of

Verifying Employee (Print)

___ Signature of Verifying Employee