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 Truro** 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 CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to the **Town of Truro** 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 Truro written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The **Town of Truro** may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that the Town of Truro 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 the Page 2 of this Acknowledgement Form is true and accurate.

SIGNATURE	DATE	
	Complete the back side	

Please provide a copy of your Driver's License

*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. ___ In. Eye Color: Race: Driver's License or ID Number: _____ State of Issue: _____ **Current and Former Addresses:** City/Town Street Number & Name State Zip Street Number & Name City/Town State Zip **BELOW TO BE COMPLETED BY TRURO STAFF** 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

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