



**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**

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.

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*Signature of CORI subject**Date*

Check appropriate box below

- Employee
- Volunteer
- League _____



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

Former Name 1: _____

Former Name 2: _____

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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: _____ 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: _____

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

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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.

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Signature of CORI subject *Date*

Check appropriate box below

- Employee
- Volunteer
- League _____



**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



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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.

*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: _____ 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

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Verified by:

Print Name of Verifying Employee

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