





**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.

\*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**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Verified by:

\_\_\_\_\_  
Print Name of Verifying Employee

\_\_\_\_\_  
Signature of Verifying Employee

\_\_\_\_\_  
Date