CRIMINAL OFFENDER RECORD INFORMATION (CORI)

ACKNOWLEDGEMENT AND REQUEST FORM

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT, VOLUNTEER, SUBCONTRACTOR, LICENSING AND HOUSING PURPOSES.

The City of Lawrence is registered under the provisions of M.G.L., c. 6, s. 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applications, 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 City of Lawrence 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 City of Lawrence written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER AND LICENSING PURPOSES ONLY:

The City of Lawrence may conduct subsequent CORI checks within one year of the date of this Form was signed by me provided, however, that the City of Lawrence 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. I also acknowledge receipt of the City of Lawrence CORI Policy.

_____

Print Name Signature Date

SUBJECT INFORMATION:

NAME _____
Last Name First Name Middle Name

MAIDEN NAME OR ALIAS (IF APPLICABLE) _____

DATE OF BIRTH:_____ **PLACE OF BIRTH** _____

LAST SIX (6) DIGITS of Social Security Number (Required): _____-_____

Sex: _____ **Race**:_____**Driver's License & State**:_____

Mother's Full Name (including Maiden Name): _____

Father's Full Name:_____

Current and Former Address:

_____
STREET NUMBER & NAME CITY/TOWN STATE ZIP

_____
STREET NUMBER & NAME CITY/TOWN STATE ZIP

CITY USE ONLY:

Verified By:

_____ _____
Name & Signature of Verifying Employee Date

RECORD ATTACHED _____ **NO RECORD** _____