CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

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

The City of Newton 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 City of Newton** 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 Newton** with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: The **City of Newton** may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that **The City of Newton** 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.

SIGNATURE	DATE
SIGNATUKE	DAI

SUBJECT INFORMATION: 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: _____-Driver's License or ID Number: State of Issue: Mother's Full Maiden Name Father's Full Name Current and Former Addresses: City/Town State Zip Street Number & Name City/Town State Zip Street Number & Name For Staff Use Only. The above information was verified by reviewing the following form(s) of government issued identification: **VERIFIED BY:** Signature of Verifying Employee

Document Type