



**CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM**

The East Longmeadow Board of Selectmen is registered under the provisions 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, 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 East Longmeadow Board of Selectmen 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 East Longmeadow Board of Selectmen written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The East Longmeadow Board of Selectmen may conduct subsequent CORI checks within one year of the date this Acknowledgement Form was signed by me provided, however, that the East Longmeadow Board of Selectmen must first provide me 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



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SUBJECT INFORMATION (*Required) (Please Print)

*Last Name	*First Name	Middle Name	Suffix
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_____ (____) _____
Maiden Name (or other name(s) by which you have been known) Daytime Phone Number

*Date of Birth (mm/dd/yyyy)	Place of Birth (City, State, Country)
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*Last Six Digits of your Social Security Number: _____ - _____ (xx-xxxx)

Sex: _____ Height: _____ ft. _____ in. Eye Color: _____

Driver's License or ID Number: _____ State of Issue: _____

Mother's Full Maiden Name	Father's Full Name
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(Your) Current Address (No PO Box):

Street Number & Name	City/Town	State	ZIP
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(Your) Former Address (No PO Box):

Street Number & Name	City/Town	State	ZIP
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(Office Use Only)

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

VERIFIED BY: _____

Name of Verifying Employee (Please Print)

Signature of Verifying Employee