



# TOWN OF MILLVILLE

MASSACHUSETTS 01529

Longfellow Municipal Center  
8 Central Street  
Tel: 508-883-8433  
Fax: 508-883-2994

## CRIMINAL OFFENDER RECORD INFORMATION (CORI)

### ACKNOWLEDGEMENT FORM

The **TOWN OF MILLVILLE** 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.

The **TOWN OF MILLVILLE** has authorized **HELEN M. COFFIN** to submit CORI checks to the Massachusetts Department of Criminal Justice Information Services (DCJIS) on its behalf.

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 **HELEN M. COFFIN, EXECUTIVE SECRETARY OF THE TOWN OF MILLVILLE**, 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 **HELEN M. COFFIN** with written notice of my intent to withdraw consent to a CORI check. I also understand that this form is a CORI acknowledgement form and I am entitled to additional consumer reporting disclosure forms under the Fair Credit Reporting Act. If I have not received those disclosures, I should contact **HELEN M. COFFIN** to request this information.

### FOR EMPLOYMENT, VOLUNTEER AND LICENSING PURPOSES ONLY:

**HELEN M. COFFIN, EXECUTIVE SECRETARY**, on behalf of the **TOWN OF MILLVILLE**, may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that **HELEN M. COFFIN** 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

SUBJECT INFORMATION: (An asterisk (\*) denotes a required field)

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*Last Name	*First Name	Middle Name	Suffix
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Maiden Name (or other name(s) by which you have been known)

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*Date of Birth	Place of Birth
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\*Last Six Digits of Your Social Security Number: \_\_\_\_\_ - \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

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Mother's Full Maiden Name	Father's Full Name
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Current and Former Addresses:

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Street Number and Name	City/Town	State	Zip
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Street Number and Name	City/Town	State	Zip
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The above information was verified by reviewing the following form(s) of government-issued identification:

\_\_\_\_\_ Reason for CORI (position/license type)

\_\_\_\_\_

VERIFIED BY: \_\_\_\_\_  
Name of Verifying Employee (please print)

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