



TOWN OF MILLVILLE

MASSACHUSETTS 01529

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

CRIMINAL OFFENDER RECORD INFORMATION (CORI)

PARENTAL/LEGAL GUARDIAN CONSENT (Under age 18)

Candidate Name: _____

Date of Birth: _____

To Town of Millville,

I give permission for my child, as listed above, to have a criminal background check submitted by the Town of Millville through the Department of Criminal Justice Information System.

I understand that the criminal background information received will be used for the purpose of screening current and/or prospective employees and volunteers, and any falsifications or omission of information may disqualify my child from consideration.

I freely attest that the information contained on the attached CORI Acknowledgement Form to be true and to the best of my knowledge.

Signature (Parent/Guardian)

Date

Printed Name