



THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF PUBLIC SAFETY AND  
SECURITY

**Department of Criminal Justice Information Services**

200 Arlington Street, Suite 2200, Chelsea, MA 02150

TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973

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**This form is not to be faxed. Please return form to organization.**

**Criminal Offender Record Information  
(CORI) Acknowledgement Form**

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To be used by organizations conducting CORI checks for employment or licensing purposes.

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The Town of Lunenburg is registered under the (Organization) 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, or current licensees.

As a prospective or current employee, subcontractor, volunteer, license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to the Town of Lunenburg 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 Town of Lunenburg with written notice of my intent to withdraw consent to a CORI check.

I also understand, that the Town of Lunenburg may conduct subsequent CORI checks within one year of the date this form was signed by me.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

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*Signature of CORI Subject*

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*Date*



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**SUBJECT INFORMATION**

Please complete this section using the information of the person whose CORI you are requesting.

The fields marked with an asterisk(\*) are required fields.

\* First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

\* Last Name: \_\_\_\_\_ Suffix(Jr., Sr., etc.): \_\_\_\_\_

Former Last Name 1: \_\_\_\_\_

Former Last Name 2: \_\_\_\_\_

Former Last Name 3: \_\_\_\_\_

Former Last Name 4: \_\_\_\_\_

\* Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

\* Last **SIX** digits of Social Security  
Number \_\_\_\_\_ - \_\_\_\_\_  No Social  
Security Number

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

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

Father's Full Name: \_\_\_\_\_

Mother's First, Last, & Maiden Name: \_\_\_\_\_

\* Current Street Address: \_\_\_\_\_ Apt.# or Suite: \_\_\_\_\_

\* City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

**For Town Use**

**SUBJECT VERIFICATION**

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

Verified by:

*Print Name of Verifying Employee*

*Signature of Verifying Employee*

*Date*