CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT, VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES

The Town of Lakeville 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, constables, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, constable, 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 Town of Lakeville 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 Lakeville with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: The Town of Lakeville may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that the Town of Lakeville 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
**Town of Lakeville**  
**Town Office Building**  
346 Bedford Street  
Lakeville, Massachusetts 02347

**SUBJECT INFORMATION:**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Suffix</th>
</tr>
</thead>
</table>

Maiden Name (or other name(s) by which you have been known)  

Date of Birth  

Last Six Digits of Your Social Security Number  

Sex:  

Race:  

Mother’s Maiden Name  

Father’s Full Name  

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

VERIFIED BY:  

Name of Verifying Employee (Please Print)  

Signature of Verifying Employee