CRIMINAL OFFENDER RECORD INFORMATION (CORI) TOWN OF BERLIN ACKNOWLEDGEMENT FORM

TO BE USED BY ORGANIZATIONS USING CONSUMER REPORTING AGENCIES TO CONDUCT CORI CHECKS FOR EMPLOYMENT, VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES.

The Town of Berlin 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 Berlin has authorized the Personnel Committee 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 the Town of Berlin 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 Berlin 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 contract the Personnel Committee to request this information.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The Personnel Committee, on behalf of the Town of Berlin may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that the Town of Berlin 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 Page 2 of this Acknowledgement Form is true and accurate.	provided on

SIGNATURE	DATE

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

*Last Name		*First Name	Middle N	Name
Maiden Name (or	other name(s) by w	/hich you have been ki	 nown)	
· ·	(/ 3	,	,	
*Date of Birth	_	Place of Birth		
*Last Six Digits of `	Your Social Securit	y Number:		
Sex:	Height:ft	in. Eye Color: _	Race	9:
Driver's License or	ID Number:		State of Is	sue:
Mother's Full Maide	en Name	Father'	s Full Name	
Current and Form	er Addresses:			
Street Number & N	Name	City/Town	State	Zip
Street Number &	Name	City/Town	State	Zip
The above informa identification:	tion was verified by	reviewing the followir	ng form(s) of governn	nent-issued
VERIFIED BY: _	Name of Verify	ring Employee (Please	Print)	
-	Signature of Ve	erifying Employee		