

CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

To be used by organizations using consumer reporting agencies to conduct CORI checks for employment, volunteers, subcontractor, licensing & housing purposes. **A copy of the FRONT & BACK of your current driver's license must be submitted with this form.**

Franklin Youth Baseball Organization is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current & otherwise qualified prospective employees, subcontractors, **volunteers**, license applicants, current licensees, and applicants for the rental or lease of housing.

DCJIS has authorized **Franklin Youth Baseball Organization** 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 **Franklin Youth Baseball Organization** 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 written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, **VOLUNTEER** & LICENSING PURPOSES ONLY:

The **Franklin Youth Baseball Organization** may conduct subsequent CORI checks within one year of the date this form was signed by me provided, however, that the **Franklin Youth Baseball Organization** must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check & acknowledge that the information provided below is true and accurate. (Red * below indicates required fields)

* SIGNATURE

* DATE

* LAST NAME

* FIRST NAME

MIDDLE NAME

SUFFIX

MAIDEN/another name used

* DATE OF BIRTHDAY

PLACE OF BIRTH

RACE

SEX

EYE COLOR

* Last 6 Digits of SS#: ____ - ____

Driver's License/ ID Number: _____ State Issued: _____

Mother's Full Maiden Name

Father's Full Name

Current and Former Addresses:

Street Number & Name

City/Town

State

Zip

Street Number & Name

City/Town

State

Zip

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

Verified by: **Jack Silverstein** (verifying employee) Signature of verifying employee: _____