



Town of Pembroke

100 Center St.
Pembroke, MA 02359
Tele: 781-293-3893
Fax: 781-294-9310

CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

To be used by organizations conducting CORI checks for employees, volunteers, subcontractors, licensing and housing purposes.

The Town of Pembroke 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.

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 Pembroke** 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 Pembroke** with written notice of my intent to withdraw consent to a CORI check.

For employment, volunteer, and licensing purposes only:

The Town of Pembroke 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.

Signature of CORI Subject

Date

Contact Phone Number



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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.

Last Name* First Name* Middle Name Suffix

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

Current Street Address Town/City State Zip Code

Former Street Address Town/City State Zip Code

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

Last SIX digits of Social Security Number*: ____ - ____ - ____ ☐ Check if No SS#

Sex*: _____ Height _____ ft. _____ in. Eye Color: _____ Race*: _____

Driver's License or ID Number: _____ State of Issue: _____

Father's Last Name* First Name* Middle Name Suffix

Mother's Last Name* First Name* Middle Name Maiden Name*

The above information was verified by reviewing the government issued photographic identification.

For office use only

Verified by:

Print Name of Verifying Employee

Signature of Verifying Employee

TOWMA16-02205