



# Town of Ashland, Massachusetts

## Recreation Department

162 West Union Street, 01721-1191

(508) 881-0140 x. 2

(508) 532-8092 (fax)

ASHLP  
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### Criminal Offender Record Information Acknowledgement Form

To be used by organizations conducting CORI checks for employment, volunteer and subcontractor purposes

**Ashland Recreation Department** 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 and subcontractors.

As a prospective or current employee, subcontractor, volunteer, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to **Ashland Recreation Department** to submit a CORI check for my information to DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing **Ashland Recreation Department** with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT AND VOLUNTEER PURPOSES ONLY:

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

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



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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 XXX-\_\_\_\_-\_\_\_\_  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 Full Name: \_\_\_\_\_

### Current Address

\* Street Address: \_\_\_\_\_  
Apt. # or Suite: \_\_\_\_\_ \* City: \_\_\_\_\_ \* State: \_\_\_\_\_ Zip: \_\_\_\_\_

### 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