

CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

Franklin Girls Softball Association (FGSA) 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 my information to the DCJIS. I hereby acknowledge and provide permission to Franklin Girls Softball Association (FGSA) 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 Franklin Girls Softball Association (FGSA) written notice of my intent to withdraw consent to a CORI check.

Franklin Girls Softball Association (FGSA) may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that Franklin Girls Softball Association (FGSA) 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 this Acknowledgement Form is true and accurate.

Signature	Date		
SUBJECT INF	ORMATION: (An asterisk (*) denotes a requ	ire field)	
*Last Name	*First Name	Middle Name	Suffix
Maiden Name	(or other name(s) by which you have been know	/n)	
*Date of Birth	Place of Birth	*Last Six Digits of Your So	 ocial Security Number
Sex:	Height:ft in. Eye Color	: Race: _	
Driver's Licens	se or ID Number:	State of Issue:	
Mother's Full Maiden Name		Father's Full Name	
Current and Fo	ormer Addresses:		
Street Numbe	r & Name City/Town State Zip		
Street Numbe	r & Name City/Town State Zip		
	e to submit your CORI with a photocopy of your ormation was verified by reviewing the following		entification:
VERIFIED BY:			
	Name of Verifying Employee (Please Print)	-	
	Signature of Varifying Employee		