



TOWN OF LEXINGTON

**CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM**

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT, VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES.

The Town of Lexington 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 Lexington 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 Lexington written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

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

Applicant SIGNATURE

DATE

Applicants who are under the age of 18 years old, must have a parent/guardian also sign below.

Parent/Guardian SIGNATURE

DATE



Town of Lexington Recreation and Community Programs

Melissa Battite, CPRP
Director of Recreation and Community Programs

Tel: 781-698-4800
Fax: 781-861-2747

CMPFA
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CHAPTER 6, §172H CORI REQUEST FORM

Lexington Recreation and Community Programs is requesting all the available criminal offender record information (CORI) on the following individual from the Criminal History Systems Board pursuant to Chapter 6, §172H which mandates organizations primarily engaged in providing activities or programs to children 18 years of age or less that accepts volunteers or paid staff, to obtain all CORI prior to accepting any person.

APPLICANT- VOLUNTEER INFORMATION

*(Please type or print clearly. You **MUST ATTACH** a clear copy of a picture ID.)*

LAST NAME FIRST NAME MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE) PLACE OF BIRTH

DATE OF BIRTH ^{XXX} - - Last 6 of SOCIAL SECURITY NUMBER ID THEFT INDEX PIN*
(If applicable)

MOTHER'S MAIDEN NAME

LIST CURRENT AND FORMER COMPLETE ADDRESSES:

SEX: _____ HEIGHT: _____ ft. _____ in. WEIGHT: _____ EYE COLOR: _____

STATE DRIVER'S LICENSE NUMBER: _____
(Include state of issue.)

***THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION: _____

REQUESTED BY: Melissa Battite
(CORI authorized employee signature.)