



**TOWN OF NEEDHAM
TOWN HALL
178 Rosemary St
Needham, MA 02494**

**TEL: (781) 455-7490
FAX: (781) 455-7922**

**CRIMINAL OFFENDER RECORD INFORMATION (CORI) and
SEX OFFENDER REGISTRY INFORMATION (SORI)
ACKNOWLEDGEMENT FORM**

The Town of Needham 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 for my personal information will be submitted to the Department of Criminal Justice Information Services (DCJIS) and a Validated Sex Offender Search (VSO Search) may be conducted using publicly available information, including information from the Massachusetts Sex Offender Registry Board (SORB). I hereby acknowledge and provide permission to the Town of Needham to submit a CORI check for my information to the DCJIS and a corresponding VSO Search. 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 Needham with written notice of my intent to withdraw consent to a CORI check and a VSO Search.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: The Town of Needham may conduct subsequent CORI checks and VSO Searches within one year of the date this Form was signed by me provided, however, that the Town of Needham must first provide me with written notice of subsequent checks.

By signing below, I provide my consent to a CORI check and a VSO Search, and I acknowledge that the information provided on the reverse side of this Acknowledgement Form is true and accurate.

SIGNATURE

DATE

SUBJECT INFORMATION:

Last Name First Name Middle Name Suffix

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

Date of Birth Place of Birth

Your Social Security Number : _____ - _____ - _____

Sex: _____ Height: _____ ft. _____ ins. Eye Color: _____ Race: _____

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

Mother's **Current Full** Name

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:

For Office Use Only

VERIFIED BY: _____
Name of Verifying Employee (Please Print)

Signature of Verifying Employee

DATE