CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM

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

The City of Haverhill is recognized 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 CITY OF HAVERTHILL 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 CITY OF HAVERTHILL with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER AND LICENSING PURPOSES ONLY: The CITY OF HAVERTHILL may conduct subsequent CORI checks within one year of the date this form was signed by me provided, however, that the CITY OF HAVERTHILL 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.

________________________________________  _________________________
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	LAST SIX DIGITS OF SSN

SEX: ___________ HEIGHT: __________ ft. __________ in. EYE COLOR: ___________ RACE: ___________

DRIVER'S LICENSE OR ID NUMBER: ___________________________ STATE OF ISSUE: ________

MOTHER'S MAIDEN NAME	FATHER'S FULL NAME

CURRENT AND FORMER ADDRESSES:

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<th>STREET NUMBER &amp; NAME</th>
<th>CITY/TOWN</th>
<th>STATE</th>
<th>ZIP</th>
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The above information was verified by reviewing the following forms(s) of government issued identification:


VERIFIED BY:

Name of Verifying Employee (Please Print)

Signature of Verifying Employee

Department