

## Mashpee Housing Authority

Leila Botsford P.H.M, C<sup>3</sup>P Executive Director

## CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

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

Mashpee Housing Authority 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 Mashpee Housing Authority 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 written notice of my intent to withdraw consent to a CORI check.

## FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The Mashpee Housing Authority may conduct subsequent CORI checks within one year the of the date this Form was signed by me provided, however, that Mashpee Housing Authority must first provide me with written notice of this check.

provided on Page 2 of this Acknowledgement Form is true and accurate.	
SIGNATURE	DATE

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Main Office 7 Job's Fishing Road, Mashpee, MA 02649 Tel: 508-477-6202 • Fax: 508-477-4231

Asher's Path Apartments 1 Carleton Drive, Mashpee, MA 02649 Tel: 508-539-7680 • Fax: 508-539-0003

## **SUBJECT INFORMATION**: (An asterisk (\*) denotes a required field) \*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 Your Social Security Number: \_\_\_\_-Sex: \_\_\_\_\_ Height: \_\_\_ft. \_\_\_ in. Eye Color: \_\_\_\_ Race: \_\_\_\_ Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_ 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 \*\*\*DO NOT WRITE BELOW THIS LINE\*\*\*OFFICE USE ONLY\*\*\* The above information was verified by reviewing the following form(s) of governmentissued identification: VERIFIED BY: Name of Verifying Employee (Please Print) **CORLRUN** Signature of Verifying Employee 6/12