

<u>IPSWICH</u> <u>POLICE DEPARTMENT</u>



15 Elm Street IPSWICH, MASSACHUSETTS 01938

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 Ipswich 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 Ipswich 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 Ipswich with written notice of my intent to withdraw consent to a CORI check.

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

Cooper	Bousum	SIGNATURE
06/08/2025		DATE

SUBJECT INFORMATION:

Bousum	Cooper	Boyd	
Last Name	First Name	Middle Nam	e Suffix
Maiden Name (o	or other name(s) by which you have	been known)	
05/13/2007		Beverly, N	ΛA
Date of Birth	th Place of Birth		
Last Six Digits o	f Your Social Security Number: 90	0 - 232	
Sex: M H	leight: <u>6</u> ft. <u>1</u> in. Eye	Color: Green	Race: White
Driver's License	or ID Number: SA2551950	State	of Issue: MA
Maiya Dos Timothy Bousum		1	
Mother's Full Ma	aiden Name	Father's Full Name	- CONTROL
Current and Form	ner Addresses:		
43 Washingto	n Street, Ipswich, MA 01938		
Street Number &	Name City/Town State Zip		
Street Number &	Name City/Town State Zip		
The above inform dentification:	ation was verified by reviewing the	e following form(s) of g	overnment issued
		111	
VERIFIED BY: _			
	Name of Verifying Employee		
·	Signature of Verifying Empl	ovee	