

**TOWN OF GREENFIELD  
CORI REQUEST**

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

**FORM** TO BE USED BY ORGANIZATIONS USING CONSUMER REPORTING AGENCIES TO CONDUCT CORI CHECKS FOR EMPLOYMENT, VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES

**TOWN OF GREENFIELD** 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 **TOWN OF GREENFIELD** 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 **TOWN OF GREENFIELD** with written notice of my intent to withdraw consent to a CORI check.

I also understand that this form is a CORI acknowledgement form and I am entitled to additional consumer reporting disclosure forms under the Fair Credit Reporting Act. If I have not received those disclosures, I should contact **HUMAN RESOURCES** to request this information.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: The **HUMAN RESOURCES DEPARTMENT** on behalf of **TOWN OF GREENFIELD** may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that **TOWN OF GREENFIELD** 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.

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SIGNATURE

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DATE

**TOWN OF GREENFIELD  
CORI REQUEST**

**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 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

\_\_\_\_\_  
The above information was verified by reviewing the following form(s) of government issued  
identification:

\_\_\_\_\_

\_\_\_\_\_

VERIFIED BY: \_\_\_\_\_  
Name of Verifying Employee (Please Print)

\_\_\_\_\_  
Signature of Verifying Employee