Weymouth Girls Basketball WEYMA15-00041

CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

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

Weymouth Girls Basketball League 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 Weymouth Girls Basketball League 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:

Weymouth Girls Basketball League may conduct subsequent CORI checks within one year of the date this form was signed by me provided, however, that Weymouth Girls Basketball League 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.

11NATURE	DATE
SUBJECT INFORMATION:	

Weymouth Girls Basketball WEYMA15-00041

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Last Name	First Name	М	iddle Name	Suffix
Maiden Name (or other	r name(s) by which you have	been known)		
Date of Birth	·	Pla	 ace of Birth	
Last Six Digits of Your So	ocial Security Number:	_		
Sex: Height:	ft in. Eye Color:	Blue Ra	ce:	
Driver's License or ID N	umber State of Issue:I	MA		
 Mother's Full Maiden N	lame	Father's Fu	ıll Name	
Current and Former Ado	dresses:			
Street Number & Name	e City/Town	 State	Zip	
The above information identification:	was verified by reviewing the	following forn	n(s) of governmen	nt-issued
VERIFIED BY:				
		rifying Employe	ee (Please Print)	
	Signature of	f Verifying Emp	loyee	