BOY SCOUTS OF AMERICA®
KNOX TRAIL COUNCIL

CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

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

Knox Trail Council 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 Knox Trail Council 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 Knox Trail Council with written notice of my intent to withdraw consent to a CORI check.

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

This is a two-sided form, please complete both sides

490 Union Avenue
Framingham, MA 01702
508-872-6551 voice
508-872-9092 fax
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CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

This is a two-sided form, please complete both sides

SUBJECT INFORMATION (Please Print):

_____ _____ _____ _____
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

A copy of a government issued ID must be attached to this form

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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