



Town of Wayland

41 Cochituate Road, Wayland, Massachusetts 01778-2697
(508) 358 - 3622 Fax (508) 358 - 3627

CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

**To be used by organizations conducting CORI checks for
Employment, Contracted Employment or Volunteer**

Wayland is registered under the provisions of M.G.L. c. 6, & 172 to receive CORI for purposes of screening current and otherwise qualified prospective employees, contracted employees, and volunteers.

As a prospective or current employee, contracted employee, or volunteer, 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 Wayland 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 Wayland with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, CONTRACTED EMPLOYMENT, OR VOLUNTEER PURPOSES ONLY: The Town of Wayland may conduct subsequent CORI checks within one year of the date on this Form was signed by me provided, however, that the Town of Wayland 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

Town of Wayland

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SUBJECT INFORMATION:

Last Name	First Name	Middle Name	Suffix
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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
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Street Number & Name	City/Town	State	Zip
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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