



## Human Resources

Town of Reading  
16 Lowell Street  
Reading, MA 01867

(781) 942-9033 (Office)

(781) 439-6018 (Fax)

[www.readingma.gov](http://www.readingma.gov)

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

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

Department \_\_\_\_\_

☐ Volunteer

☐ Full-Time

Position \_\_\_\_\_

☐ Seasonal

☐ Part-Time

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature if under 16yrs old

\_\_\_\_\_  
Date

**\*All CORI forms must be returned in-person along with your original ID\***



## SUBJECT INFORMATION:

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Last Name, First Name, Middle Name, Suffix

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Maiden Name (or other name(s) by which you have been known)

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Date of Birth

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Place of BirthLast Six Digits of Your Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ ☐ No Social Security Number

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

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Mother's Full Name

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Maiden Name

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Father's Full

Current Address:

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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:

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ID Type

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ID Number and Expiration Date

VERIFIED BY: \_\_\_\_\_

Name of Verifying Employee (Please Print)

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Signature of Verifying Employee