TOWN OF CANTON, MASSACHUSETTS



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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 Canton 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 and volunteers.

As a prospective or current employee, subcontractor 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 Canton 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 Canton with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The Town of Canton may conduct subsequent CORI checks within one year of the date this Form was signed by me, provided, however, that The Town of Canton, must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature of CORI Subject	Date	

SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting.

The fields marked with an asterisk (*) are required fields.

* First Name:	Middle Initial:
* Last Name:	Suffix (Jr., Sr., etc.):
Former Last Name:	
* Date of Birth (MM/DD/YYYY):	Place of Birth:
* Last SIX digits of Social Security Number:	No Social Security Number
Sex:	e Color: Race:
Driver's License or ID Number:	State of Issue:
Father's Full Name:	
Mother's Full Name:	
Current A	drass
Current Ac	ldress
* Street Address:	Apt. # or Suite:
*City: *State: *Z	ip:
* * * SUBJECT VERIFICATION – HI	R Department Use Only * * *
The above information was verified by reviewing the follow	ving form(s) of government-issued identification:
Verified by:	
Print Name of Verifying Employee	
Signature of Verifying Employee	Date

Commonwealth of Massachusetts Sex Offender Registry Board

M.G.L. c. 6, § 1781 REQUEST FOR SEX OFFENDER REGISTRY INFORMATION

All requests for sex offender this form and mailed to the Attn: SORI Coordinator, P. 191862, along with a self-add. Board will provide a report that whether the person identified is register, the offense(s) for which adjudicated, and the date(s) of the Please be advised that the law of information on sex offenders requested by the Board as a level 2 (moder Therefore, information is not away individual is a level 1 (low risk) finally classified by the Board. All requests shall be recorded assist or defend in a criminal	Sex Op. O. Bo: dressed includes a sex off a the office conviruly permulated to offender de risk ailable to offender de and kee dand kee da	ffender x 392 I stam sthe for fender continuits the pregistry or letter to the provide the	er Re N Bi ped e ollowin with a was co s) or ac e public ter and vel 3 (public he/she	gistry illeric envelo ng info an obli onvicte djudica ic to re d finali thigh ru if the i has no	Boar a, M. ope. Tormation gation d or ation(seceive by class isk) of the dentification of the	rd. A The on: to sified fende ied been								SO	ORB US	BE ON	LY						
Requestor's name:											Ι	ate o	of bi	rth:									
Organization name: (if any)																							
Address: 801 Washing						4 02	202	1				1	elep	hone	e nur	nbei	:: (_))				
I swear under the pains and p for my own protection, the pr care or custody. Requestor's signature: I hereby request that the following the pains and p for my own protection, the process are provided to the pains and p for my own protection.	otection	n of a	child	under	: 18 y	ears	of ag	ge, oi	for t	he p	rotec	ction [of a	noth	er p	erso	n fo	r wh	om I	hav	re res	spon	sibility
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Address (PRINT):																				_			
Personal identifying characteri	stics:																						
Sex: Race: Height: Weight: Eye Color:										На	ir C	olor:											
Other information (e.g. license	plate ni	umber	, pare	ents' n	ames,	etc.)	:														-		
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If additional information is needed, please contact the Requestor at the telephone number above.

**********WARNING******

SEX OFFENDER REGISTRY INFORMATION SHALL NOT BE USED TO COMMIT A CRIME OR TO ENGAGE IN ILLEGAL DISCRIMINATION OR HARASSMENT OF AN OFFENDER. ANY PERSON WHO USES INFORMATION DISCLOSED PURSUANT TO M.G.L. C. 6, §§ 178C – 178Q FOR SUCH PURPOSES SHALL BE PUNISHED BY NOT MORE THAN TWO AND ONE HALF (2 ½) YEARS IN A HOUSE OF CORRECTION OR BY A FINE OF NOT MORE THAN ONE THOUSAND DOLLARS (\$1000.00) OR BOTH (M.G.L. C. 6, § 178N). IN ADDITION, ANY PERSON WHO USES REGISTRY INFORMATION TO THREATEN TO COMMIT A CRIME MAY BE PUNISHED BY A FINE OF NOT MORE THAN ONE HUNDRED DOLLARS (\$100.00) OR BY IMPRISONMENT FOR NOT MORE THAN SIX (6) MONTHS (M.G.L. C. 275, § 4).