IPS WICH
POLICE DEPARTMENT
15 Elm Street
IPS WICH, MASSACHUSETTS 01938

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 Ipswich 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,
voluteers, 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
Ipswich 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 Ipswich with written notice of my intent to withdraw consent to a CORI check.

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

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Suffix</th>
</tr>
</thead>
</table>

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

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