## CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

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

Milton American Baseball, Inc. 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 Milton American Baseball, Inc. 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 Milton American Baseball, Inc. written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LIC	ENSING PURPOSES ONLY:
the Milton American Baseball, Inc. of the date this Form was signed by me provided must first provide me with written notice of this ch	may conduct subsequent CORI checks within one year I, however, that Milton American Baseball, Inc.
By signing below, I provide my consent to a CO Page 2 of this Acknowledgement Form is true and	ORI check and acknowledge that the information provided on accurate.
SIGNATURE	DATE

## SUBJECT INFORMATION: (A red asterisk (\*) denotes a required field)

*Last Name	*First Name	Middle Name	Suffix
Maiden Name (or other nam	e(s) by which you hav	ve been known)	
*Date of Birth	Place of Birth		
*Last Six Digits of Your Soc	ial Security Number:		
Sex: Height:ft.	in. Eye Color: _	Race:	
Driver's License or ID Numb	oer:	State of Issue:	
Mother's Full Maiden Name		Father's Full Name	
Current and Former Address	ses:		
Street Number & Name	City/T	own Stat	e Zip
Street Number & Name	City/T	own Stat	e Zip
The above information was videntification:	erified by reviewing t	he following form(s) of gove	ernment-issued
VERIFIED BY:Nam	e of Verifying Employ	ree (Please Print)	
	Signature of Verifyin	g Employee	