



## NEWTON NORTH LITTLE LEAGUE

### CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

Newton North Little League (NNLL) is registered under the provisions of MGL Chapter 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees and volunteers.

As a prospective or current 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 NNLL 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 NNLL written notice of my intent to withdraw consent to a CORI check. NNLL may conduct subsequent CORI checks within one year of the date this form was signed by me provided that NNLL 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 this form is true and accurate.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
\* Last Name

\_\_\_\_\_  
\* First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Suffix

\_\_\_\_\_  
Maiden Name (or other names by which you have been known)

\_\_\_\_\_  
XXX - \_\_\_\_\_ - \_\_\_\_\_  
\* Social Security Number  
(only last 6 digits required)

\_\_\_\_\_  
\* Date of Birth

\_\_\_\_\_  
Place of Birth

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 information above was verified by reviewing the following form(s) of government-issued identification:

Driver's License  State Issued Photo ID Card  Passport  Military ID

VERIFIED BY: \_\_\_\_\_  
Name of Verifying Official (print)

\_\_\_\_\_  
Signature of Verifying Employee