

CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

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

The Southern New England Conference 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 Southern New England Conference 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 written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The Southern New England Conference may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that the Southern New England Conference 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: (An asterisk denotes a required field.)

*Last Name	*First Name	Middle Name	Suffix
Maiden Name (Or other	name(s) by which you have been	known.)	
*Date of Birth	Place of Birth		
*Last Six Digits of You	r Social Security Number:		
Sex: Heig	ht:ft in. Eye C	Color:	Race:
Driver's License or ID N	Jumber:	State of Issue	
Mother's Full Maiden N	ame	Father's Full Name	
CURRENT AND FOR	MER ADDRESSES:		
Street Number and Nam	e City/Town	State	Zip
Street Number and Nam	e City/Town	State	Zip
Street Number and Nam	e City/Town	State	Zip
The above information identification (photoco	was verified by reviewing the f py or copies attached):	ollowing form(s) of gove	rnment-issued
VERIFIED BY:			
	Name of Authorized, Verifying Em Signature of Authorized, Verifying	• • • • • • • •	

Commonwealth of Massachusetts Sex Offender Registry Board

M.G.L. c. 6, § 178I REQUEST FOR SEX OFFENDER REGISTRY INFORMATION

All requests shall be recorded and kept confidential, except to assist or defend in a criminal prosecution. Requestor's name: Magaly Maldonado Organization name: (if any) Southern New England Conference Address: 34 Sawyer Street, P.O. Box 1169 South Lancaster, MA 01561-1169 I swear under the pains and penalties of perjury that I am the above-named person, at least 18 years of age, and I am requesting information for my own protection, the protection of a child under 18 years of age, or for the protection of another person for whom I have responsibility
Organization name: (if any) Southern New England Conference Address: 34 Sawyer Street, P.O. Box 1169 South Lancaster, MA 01561-1169 Telephone number: ()
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South Lancaster, MA 01561-1169 I swear under the pains and penalties of perjury that I am the above-named person, at least 18 years of age, and I am requesting information
I swear under the pains and penalties of perjury that I am the above-named person, at least 18 years of age, and I am requesting information
care or custody. Requestor's signature: Date:
I hereby request that the following information be used to determine whether the identified individual is a sex offender required to register in Massachusett
Subject's LAST NAME:
Subject's FIRST NAME:
Subject's MIDDLE INITIAL:
Date of birth or approximate age: / / /
M M D D Y Y Y Y AGE
Address (PRINT):
Personal identifying characteristics:
Sex: (Race: Height: (Weight: Eye Color: Hair Color:
Other information (e.g. license plate number, parents' names, etc.):

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).