



**CRIMINAL OFFENDER RECORD INFORMATION (CORI) Acknowledgement Form**

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

Nashua Valley Council, BSA 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. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Nashua Valley Council, BSA written notice of intent to withdraw consent to a CORI check.

**FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:**

The Nashua Valley Council, BSA may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that the Nashua Valley Council, BSA 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 this Acknowledgement Form is true and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
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 your Social Security Number

\_\_\_\_\_  
Sex

\_\_\_\_\_  
ft.

\_\_\_\_\_  
in.

\_\_\_\_\_  
Height

\_\_\_\_\_  
Eye Color

\_\_\_\_\_  
Race

\_\_\_\_\_  
#

\_\_\_\_\_  
Driver's License or ID Number & State

\_\_\_\_\_  
Mother's Full Maiden Name

\_\_\_\_\_  
Father's Full Name

**CURRENT & FORMER ADDRESSES:**

\_\_\_\_\_  
Street Number & Name

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Street Number & Name

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

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

**Camp Split Rock**  
41 Stowell Rd.  
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[www.campsplitrock.org](http://www.campsplitrock.org)

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