



**Diane Giarrusso, Library Director**

**TEWKSL 172H G**

**PART A:**

**Criminal Offender Record Information (CORI) Acknowledgment Form**

The Tewksbury Public Library is registered under the provisions of MGL, Chapter 6, § 172 to receive CORI for the purpose of screening otherwise qualified volunteers.

As a prospective or current volunteer, I understand that a CORI check will be submitted for my personal information to the Department of Criminal Justice Information Services (DCJIS). I hereby acknowledge and provide permission to the Tewksbury Public Library 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 Tewksbury Public Library with written notice of my intent to withdraw consent to a CORI check.

I also understand that the Tewksbury Public Library may conduct subsequent CORI checks within one year of the date this form was signed by me.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

\_\_\_\_\_  
Signature of CORI Subject

\_\_\_\_\_  
Date

**PART B:****CHAPTER 6, § 172H CORI REQUEST FORM**

Tewksbury Public Library is requesting all the available criminal offender record information (CORI) on the following individual from the Department of Criminal Justice Information Services (DCJIS) pursuant to Chapter 6, § 172H which mandates organizations primarily engaged in providing activities or programs to children 18 years of age or less that accepts volunteers, to obtain all CORI regarding volunteers prior to accepting any person as a volunteer.

**Criminal Offender Record Information (CORI) Volunteer Information  
(PLEASE PRINT) \*(An asterisk \* denotes required information)**

\_\_\_\_\_  
\*LAST NAME                                      \*FIRST NAME                                      \*MIDDLE NAME

\_\_\_\_\_  
MAIDEN NAME or other names  
by which you have been known

\_\_\_\_\_  
\*PLACE OF BIRTH

\_\_\_\_\_  
\*DATE OF BIRTH                      \*\_\_\_\_\_-\_\_\_\_\_\*  
Last 6 digits of  
SOCIAL SECURITY NUMBER  
(Required by the State of MA)

\_\_\_\_\_  
☐ ID Theft Index PIN  
(if applicable)

\_\_\_\_\_  
MOTHER'S FULL MAIDEN NAME

\_\_\_\_\_  
FATHER'S FULL NAME

CURRENT AND FORMER ADDRESSES:  
\_\_\_\_\_  
\_\_\_\_\_

SEX:\_\_\_\_\_ HEIGHT:\_\_\_ft. \_\_\_in.                      WEIGHT:\_\_\_\_\_ EYE COLOR:\_\_\_\_\_

STATE DRIVER'S LICENSE NUMBER:\_\_\_\_\_  
(INCLUDE STATE OF ISSUE)

**This information was verified by reviewing the following form of government-issued identification:**

\_\_\_\_\_  
Form of identification

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

REQUESTED BY: \_\_\_\_\_  
SIGNATURE OF CORI AUTHORIZED EMPLOYEE

☐ The CHSB Identity Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft Index PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include the information to ensure the accuracy of the CORI request process. **All CORI request forms that include this field are required to be submitted to the CHSB via mail or by fax at 617-660-4614.**