



# Town of Belmont

Recreation Department  
Jon Marshall, Assistant Town Administrator  
617-993-2760  
[recreation@belmont-ma.gov](mailto:recreation@belmont-ma.gov)

## CRIMINAL OFFENDER RECORD INFORMATION (CORI)

**BELMONT RECREATION DEPARTMENT** 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. **BELMONT RECREATION DEPT** has authorized **BELMONT RECREATION DEPT** to submit CORI checks to the Massachusetts Department of Criminal Justice Information Services (DCJIS) on its behalf.

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 **BELMONT RECREATION DEPARTMENT** 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 **BELMONT RECREATION DEPT** with written notice of my intent to withdraw consent to a CORI check. I also understand that this form is a CORI acknowledgement form and I am entitled to additional consumer reporting disclosure forms under the Fair Credit Reporting Act. If I have not received those disclosures, I should contact **BELMONT RECREATION DEPT** to request this information.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: The **BELMONT RECREATION DEPT** on behalf of **BELMONT RECREATION DEPT** may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that **BELMONT RECREATION DEPT** 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.

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DATE

SIGNATURE

## SUBJECT INFORMATION

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\_\_\_\_\_  
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: \_\_\_\_ 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

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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

Belmont Recreation Department  
PO Box 56  
Belmont MA 02478