

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

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

**THE BLACKSTONE MILLVILLE YOUTH BASKETBALL LEAGUE (BMYBL)** 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 BLACKSTONE MILLVILLE YOUTH BASKETBALL LEAGUE (BMYBL)** to submit a CORI check for my information to the DCJIS.

This authorization is valid for one year from date of my signature. I may withdraw this authorization at any time by providing **THE BLACKSTONE MILLVILLE YOUTH BASKETBALL LEAGUE (BMYBL)** written notice of my intent to withdraw consent to a CORI check

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

**THE BLACKSTONE MILLVILLE YOUTH BASKETBALL LEAGUE (BMYBL)** may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that **THE BLACKSTONE MILLVILLE YOUTH BASKETBALL LEAGUE (BMYBL)** 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)**

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*Last Name	*First Name	Middle Name	Suffix
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Maiden Name (or other name(s) by which you have been known)

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*Date of Birth	Place of Birth
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\*Last Six Digits of Your Social Security Number: \_\_\_\_\_ - \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

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Mother's Full Maiden Name (First Middle, Last)	Father's Full Name (First Middle, Last)
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Current and Former Addresses:

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Street Number & Name	City/Town	State	Zip
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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