

**MEDFORD HOUSING AUTHORITY
121 RIVERSIDE AVENUE
MEDFORD, MASSACHUSETTS 02155**

TELEPHONE 781-396-7200
FAX 781-393-9223

TELEPHONE FOR THE DEAF
TTY 1-800-720-3480



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

The Medford Housing Authority 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 Medford Housing Authority 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 Medford Housing Authority with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The Medford Housing Authority may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that Medford Housing Authority 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)

*First Name _____ Middle Initial: _____

*Last Name _____ Suffix (Jr. Sr, etc.) _____

Former Last Name 1: _____

Former Last Name 2: _____

Former Last Name 3: _____

Former Last Name 4: _____

*Date of Birth (MM/DD/YYYY): _____ Place of Birth: _____

*Last Six Digits of Your Social Security Number: _____ - _____ No Social Security Number

Sex: _____ Height: _____ ft. _____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Father's Full Name: _____

Mother's Full Name: _____

CURRENT ADDRESS

*Street Number & Name *City/Town *State *Zip

SUBJECT VERIFICATION

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 Date