



**CRIMINAL OFFENDER RECORD INFORMATION (CORI) FOR WESTWOOD DAY ACKNOWLEDGEMENT FORM**

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

The Town of Westwood is registered under the provisions of MGL. c. 6 § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, event participants, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, event participant, 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 Town of Westwood 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 Town of Westwood written notice of my intent to withdraw consent to a CORI check.

**FOR EMPLOYMENT, VOLUNTEER, EVENT PARTICIPATION AND LICENSING PURPOSE ONLY**

By Signing below, I provide my consent to a CORI check for the below listed purpose:

**Event Participant for Westwood Day 2015**

\_\_\_\_\_  
**SIGNATURE** \_\_\_\_\_  
**DATE**

\_\_\_\_\_  
Last Name First Name Middle Initial Suffix

\_\_\_\_\_  
Maiden Name (or other name(s) by which you have been known)

\_\_\_\_\_  
Date of Birth Place of Birth

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (full number is required)

Driver's License or ID Number	State of Issue		
Mother's Full Maiden Name	Father's Full Name		
Street Number and Name	City or Town	State	Zip Code

Westwood Day Group or Organization Affiliation (Example: Charlie's Chowder House)

The above information was verified by reviewing the following form(s) of government-issued identification:

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VERIFIED BY: \_\_\_\_\_

Name of Verifying Employee (Please Print)

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

Mail, fax or deliver form to:  
**Chief of Police, Westwood Police Department**  
**590 High Street**  
**Westwood, MA 02090**  
**Fax # 781.326.4609**

**For any questions regarding this form please contact the  
 Chief of Police at 781-320-1000 or email [jsilva@westwoodpd.org](mailto:jsilva@westwoodpd.org)**

**IMPORTANT: DO NOT EMAIL FORM – SENSITIVE INFORMATION ENCLOSED**