



# Seekonk Little League

## CRIMINAL OFFENDER RECORD INFORMATION (CORI)

The Seekonk Little League is registered under the provisions of M.G.L., Ch. 6, §172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, volunteers, and sub-contractors.

As a prospective or current employee, volunteer or subcontractor, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to the Seekonk Little League to submit a CORI check for my information to the DCJIS. This authorization is valid for submission at any time for one year of the date of my signature. I may withdraw this authorization at any time by providing the Seekonk Little League written notice of my intent to withdraw consent to CORI check.

**By signing below, I provide my consent to a CORI check and acknowledge that the information provided is true and accurate.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Subject Information (An asterisk \* denotes a required field)

\_\_\_\_\_  
\*Last Name \*First Name \*Middle Name Suffix

\_\_\_\_\_  
\*Your Maiden Name (or other names(s) by which you have been known)

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\_\_\_\_\_  
\*Date of Birth City or Town of Birth \*Last 6 digits of Social Security Number

Gender: \_\_\_\_\_ Height: \_\_\_ft. \_\_\_in. Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

\_\_\_\_\_  
Your Mother's Full Maiden Name Your Father's Full Name

Your current Address: \_\_\_\_\_  
Street (# & Name) City/Town State Zip

Your former Address: \_\_\_\_\_  
Street (# & Name) City/Town State Zip

## **STOP COMPLETION OF THIS FORM HERE**

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

\_\_\_\_\_  
Name of Verifying Employee (Please Print) Date: \_\_\_\_\_

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