



Lancaster Parent Teacher Organization

CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM

The *Lancaster Parent Teacher Organization (PTO)* is registered under the provisions of M.G.L.c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified volunteers.

As a prospective or current volunteer, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to the *Lancaster Parent Teacher Organization (PTO)* 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 *Lancaster Parent Teacher Organization (PTO)* written notice of my intent to withdraw consent to a CORI check.

The *Lancaster Parent Teacher Organization (PTO)* may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that the *Lancaster Parent Teacher Organization (PTO)* must first provide me a written notice of this check.

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

X _____
Applicant Signature Date Signed

Please Note: A copy of your license must be returned with this form. Thank you.

LAST NAME FIRST NAME MIDDLE NAME

MAIDEN NAME OR ALIAS (If Applicable) PLACE OF BIRTH

DATE OF BIRTH M or F
SEX ft. ____ in.
HEIGHT WEIGHT EYE COLOR

LAST 6 DIGITS OF YOUR SOCIAL SECURITY NUMBER: XXX - _____ - _____

MOTHER'S FULL MAIDEN NAME FATHER'S FULL NAME

CURRENT ADDRESS: _____

FORMER ADDRESS: _____

DRIVER'S LICENSE NUMBER _____ STATE OF ISSUE _____

For PTO use only, please do not complete

The above information was verified by reviewing the following form of government issued photographic identification:
 Government Form Received _____ CORI REQUESTED BY: _____
 PTOCORI LANMA12-0327 Liz Leonard, CORI Administrator for the Lancaster PTO