



**TOWN OF SOUTHBRIDGE**  
 SOUTHBRIDGE, MASSACHUSETTS 01550-2638  
[www.ci.southbridgema.us](http://www.ci.southbridgema.us)

AUTHORIZATION FOR RELEASE OF INFORMATION RELATIVE TO PROPOSED EMPLOYMENT WITH THE TOWN OF SOUTHBRIDGE

*PLEASE ACCURATELY COMPLETE THE FOLLOWING INFORMATION:*

**(Print clearly in ink or type)**

NAME: _____		
First Name	Middle Initial	Last Name
PREVIOUS NAME OR ALIAS (Include Maiden name): _____		
RESIDENTIAL ADDRESS: _____		
(Not a Post Office Box)	Number	Street
_____		
City/Town	State	Zip Code
MAILING ADDRESS (If Different): _____		
HAVE YOU EVER RESIDED IN ANOTHER STATE? _____		IF YES, WHERE? _____
SOCIAL SECURITY NUMBER: _____		DRIVERS LICENSE NUMBER: _____
DATE OF BIRTH: ____ / ____ / ____		PLACE OF BIRTH: _____

I, \_\_\_\_\_, do hereby authorize a review of a full disclosure and/or release of all records, or any part thereof, concerning myself, by and to ANY duly authorized agent of the Town of Southbridge, whether the said records are public, private or confidential in nature.

The intent of the authorization is to give my consent for a full and complete disclosure and/or release of records of educational institutions; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances wherever filed by me or against me, and salary records; records of complaint, arrest, trial, and/or convictions for alleged or actual violations of the law, including criminal, civil and/or traffic records; records of complaint of a civil nature made by or against me, wheresoever located, and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have an interest.

I fully acknowledge and understand that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the Town of Southbridge Police. It is my specific intent to provide full access to personal information, however personal or confidential it may be, and the sources of information specifically identified herein.

I understand that all materials pertaining to this background investigation become the property of the Town of Southbridge and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

I understand a photocopy of this release form will be valid as an original hereof, even though said photocopy does not contain an original writing of my signature.

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

An applicant for employment with a record expunged pursuant to section 100F, section 100G, section 100H or section 100K of chapter 276 of the General Laws may answer "no record" with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. An applicant for employment with a record expunged pursuant to section 100F, section 100G, section 100H or section 100K of chapter 276 of the General Laws may answer "no record" with respect to an inquiry herein relative to prior arrests, criminal court appearances, juvenile court appearances, adjudications or convictions.



**THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY  
Department of Criminal Justice Information Services 200**  
Arlington Street, Suite 2200, Chelsea, MA 02150  
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973  
MASS.GOV/CJIS



**This form is not to be faxed. Please return form to organization .  
Criminal Offender Record Information (CORI)  
Acknowledgement Form**

To be used by organizations conducting CORI checks for employment or licensing purposes.

\_\_\_\_\_ is registered under the  
(Organization)  
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, or current licensees.

As a prospective or current employee, subcontractor, volunteer, license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to

\_\_\_\_\_  
(Organization)  
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 \_\_\_\_\_  
(Organization)

with written notice of my intent to withdraw consent to a CORI check.

I also understand, that \_\_\_\_\_ may conduct  
(Organization)  
subsequent CORI checks within one year of the date this Form was signed by me.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

\_\_\_\_\_  
*Signature of CORI Subject*

\_\_\_\_\_  
*Date*



**THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY  
Department of Criminal Justice Information Services**  
200 Arlington Street, Suite 2200, Chelsea, MA 02150  
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**SUBJECT INFORMATION**

Please complete this section using the information of the person whose CORI you are requesting.  
The fields marked with an asterisk (\*) are required fields.

\* 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 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 Address: \_\_\_\_\_

Apt. # or Suite: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

**SUBJECT VERIFICATION**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Verified by:

\_\_\_\_\_  
*Print Name of Verifying Employee*

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

\_\_\_\_\_  
*Date*