



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

TO BE USED BY ORGANIZATIONS USING CONSUMER REPORTING AGENCIES TO CONDUCT CORI CHECKS FOR EMPLOYMENT, VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES.

Old Colony Council, Boy Scouts of America _____ 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. _____ has authorized Old Colony Council, Boy Scouts of America _____ to submit CORI checks to the Massachusetts Department of Criminal Justice Information Services (DCJIS) on its behalf.

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 Old Colony Council, Boy Scouts of America _____ 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 Old Colony Council, BSA _____ with written notice of my intent to withdraw consent to a CORI check. I also understand that this form is a CORI acknowledgement form and I am entitled to additional consumer reporting disclosure forms under the Fair Credit Reporting Act. If I have not received those disclosures, I should contact Richard D. Stritzinger, Scout Executive to request this information.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: The Richard D. Stritzinger _____, on behalf of Old Colony Council, Boy Scouts of America _____, may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that Old Colony Council, Boy Scouts of America _____ 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.

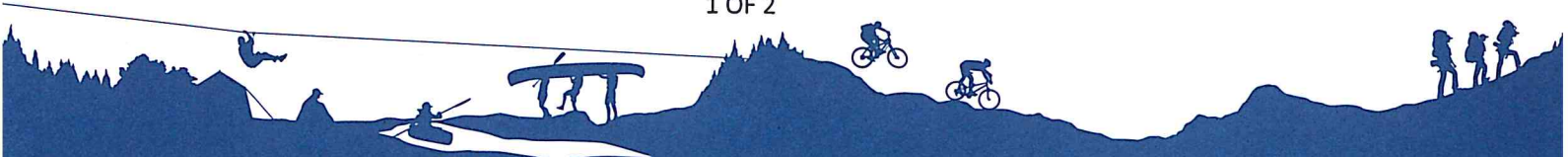
SIGNATURE

DATE



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1 OF 2

2438 Washington Street
Canton, MA 02021
Phone: 781-828-8360
fax: 781-828-0543
www.oldcolonycouncil.org





BOY SCOUTS OF AMERICA®
OLD COLONY COUNCIL
 SUBJECT INFORMATION:

*Last Name	*First Name	Middle Name	Suffix
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 Maiden Name (or other name(s) by which you have been known)

 *Date of Birth

 Place of Birth

*Last Six Digits of Your Social Security Number: _____ - _____

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

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

 Mother's Full Maiden Name

 Father's Full Name

Current and Former Addresses:

 Street Number & Name

 City/Town

 State

 Zip

 Street Number & Name

 City/Town

 State

 Zip

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



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