



Michael A. Maresco  
Town Administrator

# *Town of Marshfield*

## **Select Board**

870 Moraine Street

Marshfield, Massachusetts 02050

Tel: 781-834-5563

Fax: 781-834-5527

### **SELECT BOARD APPOINTMENT POLICY**

### **CONSENT TO RELEASE CRIMINAL RECORDS**

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

I, \_\_\_\_\_, having filed an application for appointment or re-appointment to serve on a Town of Marshfield board or committee, consent to having an investigation made as to my moral character and reputation for the position to which I have applied and such information as may be received and reported to the Town Administrator on behalf of the Select Board. I further agree to give the Town or its agents any further information which may be required in reference to my past criminal record. This authorization is valid for no more than 21 business days from the date of my signature. I may withdraw this authorization at any time by providing the Town of Marshfield with written notice of my intent to withdraw consent to a criminal background check.

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

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

Date of birth: \_\_\_\_\_

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

Notice: The criminal background investigation will be conducted by the Marshfield Police Department. Any criminal documentation received by the Police will be reviewed by the Police at the Police Station and immediately destroyed.



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*



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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*