



CHELMSFORD MIDDLE SCHOOL HOCKEY, Inc.

CORI Consent

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

Must be completed for consideration to represent Chelmsford Middle School Hockey, Inc.

First Name: _____

Middle Initial: _____

Last Name: _____ **Suffix (Jr., Sr., etc):** _____

Date of Birth (MM/DD/YYYY): _____

Last SIX digits of your Social Security Number: ____ -- ____

Mailing Address

Street _____

Town/City _____ **State:** _____ **ZIP** _____

Telephone Number: _____

Email Address: _____

Drivers License: _____

I hereby swear, under penalties of perjury, that the information I have provided above is true to the best of my knowledge and belief.

Signature of Individual Authorizing CORI Request

Date