



**MUST BE FILLED OUT LEGIBLY!**

**SEX OFFENDER REGISTRY BOARD (SORI)  
ACKNOWLEDGEMENT FORM**

TO BE USED BY ORGANIZATIONS CONDUCTING SORI CHECKS FOR EMPLOYMENT, VOLUNTEER,  
SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES

**The City of Melrose** is registered under the provisions of M.G.L. c. 6, § 178 to receive SORI 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.

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 SORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to the **City of Melrose** to submit a SORI 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 **City of Melrose** with written notice of my intent to withdraw consent to a SORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: The **City of Melrose** may conduct subsequent SORI checks within one year of the date this Form was signed by me provided, however, the **City of Melrose** must first provide me with written notice of this check.

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

\_\_\_\_\_  
PRINT NAME

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

Please Mail, Hand Deliver or Fax this form *directly* to the Department  
you are applying to or volunteering with.  
City of Melrose, 562 Main Street, Melrose, MA 02176 – **DO NOT SCAN/EMAIL**

## **SORI INFORMATION PAGE**

*Please PRINT legibly and COMPLETE all sections*

Department & Position you are submitting for: \_\_\_\_\_

<b>Circle One:</b>	Applicant for:	EMPLOYMENT	VOLUNTEER	INTERN
	Current:	EMPLOYEE	VOLUNTEER	INTERN

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Last Name	First Name	Middle Name
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Date of Birth <u>    </u> / <u>    </u> / <u>    </u>	Place of Birth _____
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Social Security Number (last six digits)   XXX   -      -     

Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Weight: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

**Current and Former Addresses:**

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Street Number & Name	City/Town	State	Zip
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Street Name & Name	City/Town	State	Zip
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