Town of Lunenburg

PARENTAL/LEGAL GUARDIAN CONSENT FORM

CRIMINAL BACKGROUND CHECK (CORI)
(*for Minor Child ONLY*)

I hereby acknowledge and affirm that I am the lawful parent or legal guardian of the minor child identified below. I hereby give my permission and authorize the Town of Lunenburg to perform a Criminal Offender Record Information (CORI) background check in connection with the minor child's prospective participation as a volunteer with a program run by the Town of Lunenburg; or prospective employment with the Town of Lunenburg.

NAME OF
MINOR:_____
(print full name)

NAME OF
PARENT/GUARDIAN:_____
(print full name)

SIGNATURE OF
PARENT/GUARDIAN:_____
(signature)

DATED:_____

WITNESS: _____
(*signature)*

PRINT NAME: _____