



CORI Release for Minor

That the Undersigned, being of lawful age, does hereby acknowledge and represent that I am the lawful parent or guardian of the minor identified below and I authorize the Town of Essex to perform a so-called Criminal Offender Record Information background check on said minor in accordance with all applicable laws and in association with the minor's prospective volunteer position with the Town of Essex.

DATE: _____

MINOR: _____
(Print full name)

PARENT/GUARDIAN: _____
(Print full name)

PARENT/GUARDIAN: _____
(Signature)

PARENT CONTACT INFORMATION:

Phone: _____

Mailing Address: _____

Email: _____