CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

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

is registered under the 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, 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 CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission 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 written notice of my intent to withdraw consent to a CORI check.

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

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

______________________________________________  ______________________________________
SIGNATURE                                           DATE
SUBJECT INFORMATION: (A red asterisk (*) denotes a required field)

*Last Name             *First Name            Middle Name             Suffix

___________________________  __________________________  __________________________

Maiden Name (or other name(s) by which you have been known)

___________________________  __________________________

*Date of Birth             Place of Birth

*Your Social Security Number:   _____-_____-_____

Sex: _____     Height: ___ ft. ___ in.     Eye Color: _______     Race: _______

Driver’s License or ID Number: __________________     State of Issue: ______

___________________________  __________________________

Mother’s Full Maiden Name     Father’s Full Name

Current and Former Addresses:

___________________________  __________________________  __________________________  __________________

Street Number & Name     City/Town     State     Zip

___________________________  __________________________  __________________________  __________________

Street Number & Name     City/Town     State     Zip

The above information was verified by reviewing the following form(s) of government-issued identification:

___________________________  __________________________  __________________________  __________________

VERIFIED BY: ___________________  __________________________

Name of Verifying Employee (Please Print)     Signature of Verifying Employee