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 ___________________________________________ (Organization) 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 ___________________________________________ (Organization) with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The ___________________________________________ (Organization) may conduct subsequent CORI checks within one year of the date this Form was signed by me, provided, however, that ___________________________________________ (Organization) must first provide me with written notice of this check.

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

_________________________________________ Signature of CORI Subject

_________________________________________ Date
Please complete this section using the information of the person whose CORI you are requesting.
The fields marked with an asterisk (*) are required fields.

* First Name: ___________________________ Middle Initial: ______________________

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

Former Last Name 1: __________________

Former Last Name 2: __________________

Former Last Name 3: __________________

Former Last Name 4: __________________

* Date of Birth (MM/DD/YYYY): ______________________ Place of Birth: ______________________

* Last SIX digits of Social Security Number: ___ ___ -- ___ ___ ___ ___ □ No Social Security Number

Sex: __________________ Height: ____ ft. ____ in. Eye Color: ______________ Race: ______________

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

Father’s Full Name: __________________

Mother’s Full Name: __________________

* Street Address: ______________________

Apt. # or Suite: ____________ *City: __________________________ *State: ________ *Zip: ________

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

________________________________________

________________________________________

Verified by:

______________________________
Print Name of Verifying Employee

______________________________
Signature of Verifying Employee

______________________________ Date