CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

TO BE USED BY ORGANIZATIONS USING CONSUMER REPORTING AGENCIES TO CONDUCT 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.

has authorized to submit CORI checks to the Massachusetts Department of Criminal Justice Information Services (DCJIS) on its behalf.

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 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

with written notice of my intent to withdraw consent to a CORI check. I also understand that this form is a CORI acknowledgement form and I am entitled to additional consumer reporting disclosure forms under the Fair Credit Reporting Act. If I have not received those disclosures, I should contact to request this information.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: The

, on behalf of

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	2	Suffix
Maiden Name (or other na	me(s) by which you h	ave been known)		
*Date of Birth	Place of Bir	th		
*Last Six Digits of Your Se	ocial Security Number	::		
Sex: Height:	ftin. Eye Color	: Race:		_
Driver's License or ID Nur	nber:	State of Issue	2:	
Mother's Full Maiden Nam	e	Father's Full Name		
Current and Former Addre	esses:			
Street Number & Name	City	/Town	State	Zip
Street Number & Name	City	/Town	State	Zip
The above information was identification:	verified by reviewing	g the following form(s) of	of governme	nt-issued
VERIFIED BY: Na	me of Verifying Emplo	oyee (Please Print)		
	Signature o	f Verifying Employee		