

THE COMMONWEALTH OF MASSACHUSETTS EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY Department of Criminal Justice Information Services

200 Arlington Street, Suite 2200, Chelsea, MA 02150 TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973 MASS.GOV/CJIS THE STATE OF THE S

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 th
(Organization)
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
housing has authorize
(Organization)
to submit CORI check
(Consumer Reporting Agency)
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 hereby acknowledge and provide permission to
(Consumer Reporting Agency)
to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of n
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. I also understand that this form is a CO acknowledgement form and I am entitled to additional consumer reporting disclosure forms under the Fair Crec Reporting Act. If I have not received those disclosures, I should contact
(Organization)
to request this information.
FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:
The, on behalf of
(Consumer Reporting Agency)
may conduct
(Organization)
subsequent CORI checks within one year of the date this Form was signed by me, provided, however, that, must first provide me
(Organization)
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 th Acknowledgement Form is true and accurate.



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SUBJECT INFORMATION

MASS.GOV/CJIS

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): Pla	ce of Birth:
* Last SIX digits of Social Security Number:	
Sex: Height: ft in. Eye	e Color: Race:
Driver's License or ID Number:	State of Issue:
Father's Full Name:	
Mother's Full Name:	
Current	Address
* Street Address:	
	*State: *Zip:
SUBJECT VE	RIFICATION
The above information was verified by reviewing the followi	ng form(s) of government-issued identification:
Verified by:	
Print Name of Verifying Employee	
Signature of Verifying Employee	