**This form is not to be faxed. Please return form to organization.**

**Criminal Offender Record Information (CORI) Acknowledgement Form**

To be used by organizations conducting CORI checks for employment or licensing purposes.

MA DPH Clinical Laboratory Program

(Organization)

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, or current licensees.

As a prospective or current employee, subcontractor, volunteer, license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to

MA DPH Clinical Laboratory Program

 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

MA DPH Clinical Laboratory Program

with written notice of my intent to withdraw consent to a CORI check.

MA DPH Clinical Laboratory Program

I also understand, that

may conduct subsequent CORI checks within one year of the date this Form was signed by me.

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*

# SUBJECT INFORMATION

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:

#  Current Address

* Street Address:

Apt. # or Suite: \*City: \*State: \*Zip:

#  SUBJECT VERIFICATION

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*

# Authentication of Signature

Please note that ALL fields in this section must be completed by the Notary Public.

On this day of \_, 20 , before me, the undersigned Notary Public, personally appeared

 (name of CORI requestor) and proved to me through satisfactory evidence of identification, which was (Ex: Driver’s license, passport, etc.), to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he)(she) signed it voluntarily for its stated purpose.

*Signature of Notary Public (Notary stamp or seal is also required) Date my Commission expires*