

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

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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.	
	is registered under the
(Organization)	
provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening cu employees, subcontractors, volunteers, license applicants, or current license	
As a prospective or current employee, subcontractor, volunteer, license applic CORI check will be submitted for my personal information to the DCJIS. I here	·
 (Organization)	
to submit a CORI check for my information to the DCJIS. This authorization signature. I may withdraw this authorization at any time by providing	is valid for one year from the date of my
	(Organization)
with written notice of my intent to withdraw consent to a CORI check.	
I also understand, that	may conduct
(Organization)	
subsequent CORI checks within one year of the date this Form was signed by r	ne.
By signing below, I provide my consent to a CORI check and affirm that th Acknowledgement Form is true and accurate.	e information provided on Page 2 of this
 Signature of CORI Subject	 Date



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SUBJECT INFORMATION

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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:
SUBJ	ECT 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	