



GLENN A. CUNHA
INSPECTOR GENERAL

The Commonwealth of Massachusetts

Office of the Inspector General

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CORI Acknowledgement Form

The Office of the Inspector General is registered under the provisions of M.G.L. c. 6, § 172 to receive Criminal Offender Record Information (CORI) for the purpose of screening current and prospective employees, contractors, interns, co-ops, volunteers, license applicants or current licensees.

For prospective or current employees, contractors, interns, co-ops and volunteers, the Office of the Inspector General will request all CORI information, including out-of-state CORI information; for license applicants and current licensees, the Office of the Inspector General will only request information available under standard access as provided by 803 CMR 2.05(4)(a).

As a prospective or current employee, contractor, intern, co-op, volunteer, license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the Department of Criminal Justice Information Services (DCJIS). I hereby acknowledge and provide permission to the Office of the Inspector General 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 the Office of the Inspector General with written notice of my intent to withdraw consent to a CORI check.

I understand that the Office of the Inspector General 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.

Print Name of CORI Subject

Signature of CORI Subject

Date

SUBJECT INFORMATION

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

You may submit this form in person to the Office of the Inspector General, at which time you will be required to present a valid government-issued photo identification. Alternatively, you may submit the form by mail, in which case you must first have the form notarized and must include with it a photocopy of your valid government-issued photo identification.

In Person

For OIG Staff:

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

Notary

On this ____ day of _____, 20____, before me, the undersigned Notary Public, personally appeared _____ (name of document signer) and proved to me through satisfactory evidence of identification, which was _____ (e.g., 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