



JEFFREY S. SHAPIRO  
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**

After completing this form, you must have it notarized. You must electronically submit the notarized form, along with a photocopy of your valid government-issued photo identification, through the Office of the Inspector General's online portal.

**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 they signed it voluntarily for its stated purpose.

\_\_\_\_\_  
*Signature of Notary Public*  
**(Notary stamp or seal is also required)**

\_\_\_\_\_  
Date my Commission expires