

## 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.

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*Print Name of CORI Subject*

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*Signature of CORI Subject*

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*Date*

### SUBJECT INFORMATION

The fields marked with an asterisk (\*) are required

\* First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

\* Last Name: \_\_\_\_\_ Suffix (Jr., Sr., etc.): \_\_\_\_\_

\* Former Last Name 1: \_\_\_\_\_

Former Last Name: \_\_\_\_\_

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 page, and acknowledged to me that they signed it voluntarily for its stated purpose.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Notary Stamp or Seal