

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

* 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