



**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
MASS.GOV/CJIS



**Criminal Offender Record Information (CORI) EMPLOYMENT AND LICENSING
Acknowledgement Form-Abbreviated Version**

The below language may be included in an organization’s application for the purpose of obtaining authorization for a CORI check provided however, the organization’s application requires that applicants provide the following minimum fields of information: full name, former names or aliases, date of birth and last six digits of their social security number. DCJIS may also request additional applicant information from an organization to process the CORI request.

_____ is registered under the
(Organization)
provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants and current licensees.

As a prospective or current employee, subcontractor, volunteer, license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to

_____ 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 understand that within this one year period of time the _____
(Organization)
may conduct subsequent CORI checks for my personal information. I may withdraw this authorization at any time by providing _____ with written notice of my intent to withdraw consent to a CORI check.
(Organization)

By signing this application, I provide my consent to a CORI check and affirm that the information provided to process the CORI check is true and accurate.