



**Criminal Offender Record Information (CORI) CRA  
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 and applicants for the rental or lease of housing. \_\_\_\_\_ has authorized  
(Organization)  
\_\_\_\_\_ to submit CORI checks to the Massachusetts Department of  
(Consumer Reporting Agency)  
Criminal Justice Information Services (DCJIS) on its behalf.

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  
\_\_\_\_\_  
(Consumer Reporting Agency)  
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)

I also understand that this form is a CORI acknowledgement form and I am entitled to additional consumer reporting disclosure forms under the Fair Credit Reporting Act. If I have not received those disclosures, I should contact  
\_\_\_\_\_ to request this information.  
(Organization)

**FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:**

I also understand that the \_\_\_\_\_, on behalf of  
(Consumer Reporting Agency)  
\_\_\_\_\_ may conduct subsequent CORI checks within one  
(Organization)  
year of the date this Form was signed by me.

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.