CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

The Division of Professional Licensure by itself and on behalf of boards of registration pursuant to M.G.L. c. 13, §9 [hereinafter, "Division of Professional Licensure"] is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective license applicants and current licensees.

As a 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 Division of Professional Licensure 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 Division of Professional Licensure written notice of my intent to withdraw consent to a CORI check.

FOR LICENSING PURPOSES ONLY:

The Division of Professional Licensure may conduct subsequent CORI checks within one year of the date this Form was signed by me. If subsequent CORI checks are necessary, the Division of Professional Licensure will provide me with written notice of the subsequent CORI checks.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature	- Date
	stration and license type for which you are applying or currently hole
Board of Registration	License Type

NOTE: DPL CANNOT ACCEPT THIS TWO-PAGE CORI ACKNOWLEDGMENT FORM UNLESS IT IS EITHER (1) SIGNED IN PERSON AT THE BOARD'S OFFICES IN THE PRESENCE OF A DPL EMPLOYEE WHO HAS VERIFIED THE APPLICANT'S IDENTITY THROUGH ACCEPTABLE IDENTIFICATION, OR (2) SIGNED IN THE PRESENCE OF A NOTARY PUBLIC WHO HAS LIKEWISE VERIFIED IDENTITY AND THEN MAILED OR OTHERWISE DELIVERED TO THE BOARD'S OFFICES AT THE ADDRESS SET FORTH ABOVE.

SUBJECT INFO	<u>RMATION</u> : (An asterisk (*) d	lenotes a required field)		
Last Name	*First Name	Middle N	ame	Suffix
Maiden Name (or	r other name(s) by which you ha	ave been known)		
Date of Birth		Place of Birth		
Last Six Digits of	Your Social Security Number:	-	-	
Sex: H	leight: ft in. Eye	e Color:		
Oriver's License o	r ID Number:	State of Issue:		
Current and Form	er Addresses:			
Number	Name	City/Tov	vn State	Zip
above-referenced Passport	Name IFICATION BY DPL EMPLOY subject by reviewing the follow State-issued driver's license	ing form(s) of governmen	verified the identity	on:1
SECTION A: VER above-referenced Passport	State-issued driver's license	EE : I hereby certify that I ing form(s) of governmen	verified the identit t-issued identificati State-issued identif	of the
SECTION A: VER above-referenced Passport	State-issued driver's license Name of Verifying [EE : I hereby certify that I ing form(s) of governmen	verified the identit t-issued identificati State-issued identif	of the
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¹ If a subject does not have an acceptable government-issued identification, his or her identity shall be verified by the other forms of identification documentation as determined by DCJIS. 803 CMR 2.09 (2).