

**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 provided, however, that the Division of Professional Licensure must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided below is true and accurate.

Signature

Date

NOTE: DPL CAN ACCEPT THIS CORI ACKNOWLEDGMENT FORM ONLY IF IT IS SIGNED IN THE PRESENCE OF A NOTARY PUBLIC WHO HAS LIKEWISE VERIFIED YOUR IDENTITY

SUBJECT INFORMATION: (An asterisk (*) denotes a required field)

*Last Name		*First Name		Middle Name	Suffix	
*Maiden Name (or other name(s) by which you have been known)				*Date of Birth	Place of Birth	
*Last Six Digits of SSN -	Sex	Height ft in	Eye Color	Driver's Lic. or ID No.	State issued	
Current Address						
Street Number & Name			City/Town	State	Zip	
Former Address						
Street Number & Name			City/Town	State	Zip	

VERIFICATION BY NOTARY:

On this _____ day of _____, 20____, _____ (name of document signer), personally appeared before me, the undersigned notary public, and proved to me through satisfactory evidence of identification¹ :

Passport State-issued driver's license Military identification State-issued identification card

to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

Notary Public: _____ **Notary Commission Expires On** _____

¹ If a subject does not have an acceptable government-issued identification, his or her identity shall be verified by other forms of documentation as determined by DCJIS. 803 CMR 2.09(2).