CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

TO BE USED BY ORGANIZATIONS USING CONSUMER REPORTING AGENCIES TO CONDUCT CORI CHECKS FOR EMPLOYMENT, VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES.

i 6, § 172 to receive CORI for the purpose of screening prospective employees, subcontractors, voluntee applicants for the rental or lease of housing. has authorized Massachusetts Department of Criminal Justice Info	rs, license applicants, current licensees, and to submit CORI checks to the			
As a prospective or current employee, subcontract licensee, or applicant for the rental or lease of house submitted for my personal information to the DC permission to CORI check for my information to the DCJIS. This date of my signature. I may withdraw this authorise with written in CORI check. I also understand that this form is a Centitled to additional consumer reporting disclosure If I have not received those disclosures, I should consumer this information.	using, I understand that a CORI check will be US. I hereby acknowledge and provide to submit a authorization is valid for one year from the zation at any time by providing notice of my intent to withdraw consent to a CORI acknowledgement form and I am ure forms under the Fair Credit Reporting Act.			
FOR EMPLOYMENT, VOLUNTEER, AND LICENSING	PURPOSES ONLY: The			
, on behalf of				
may conduct subsequent CORI checks within one provided, however, that	year of the date this Form was signed by me 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 on Page 2 of this Acknowledgement Form is true and accurate.				
SIGNATURE	DATE			

SUBJECT INFORMATION: (A red asterisk (*) denotes a required field)

*Last Name	*First Name	Middle Name	2	Suffix
Maiden Name (or othe	r name(s) by which you	have been known)		
*Date of Birth	Place of B	irth		
*Last Six Digits of You	r Social Security Numb	er:		
Sex: Height:	ft in. Eye Colo	or: Race:		_
Driver's License or ID	Number:	State of Issue	ž:	
Mother's Full Maiden N	lame	Father's Full Name		
Current and Former Ac	ldresses:			
Street Number & Name	e Cit	zy/Town	State	Zip
Street Number & Name	e Cit	zy/Town	State	Zip
The above information identification:	was verified by reviewing	ng the following form(s) o	of governme	ent-issued
VERIFIED BY:	Name of Verifying Emp	ployee (Please Print)		
	Signature	of Verifying Employee		