

# CORI ACKNOWLEDGEMENT FORM INSTRUCTIONS

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**Please read the instructions completely before proceeding as it may be necessary to execute this form in the presence of a notary public.**

In order to process a statewide criminal record search in Massachusetts, the Commonwealth requires that the attached release form be completed.

Step 1: Please read page one of the attached document and then sign at the bottom.

Step 2: On page two, please complete the sections titled ***Subject Information*** and ***Current Address***.

Step 3: The final step requires either an authorized individual from your prospective employer or a notary public view your government issued identification and then sign off at the bottom of page two under ***Subject Verification***.

## **Code of Massachusetts Regulations**

803CMR2.09 (5)

*If an employer or governmental licensing agency is unable to verify a subject's identify and signature in person, the subject may submit a completed CORI Acknowledgement Form acknowledged by the subject before a notary public.*



**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



**This form is not to be faxed. Please return form to organization.**

**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.

\_\_\_\_\_ University of Massachusetts \_\_\_\_\_ 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, current licensees, and applicants for the rental or lease of housing. \_\_\_\_\_ University of Massachusetts \_\_\_\_\_ has authorized  
(Organization)  
Creative Services, Inc. \_\_\_\_\_ to submit CORI checks  
(Consumer Reporting Agency)  
to the Massachusetts Department of Criminal Justice Information Services (DCJIS) on its behalf.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to Creative Services, Inc. \_\_\_\_\_

(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 may withdraw this authorization at any time by providing \_\_\_\_\_ University of Massachusetts \_\_\_\_\_  
(Organization)

with written notice of my intent to withdraw consent to a CORI check. 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 \_\_\_\_\_ University of Massachusetts \_\_\_\_\_  
(Organization)

to request this information.

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

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

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

\_\_\_\_\_  
*Signature of CORI Subject* \_\_\_\_\_  
*Date*



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**SUBJECT INFORMATION**

Please complete this section using the information of the person whose CORI you are requesting.  
The fields marked with an asterisk (\*) are required fields.

\* First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

\* Last Name: \_\_\_\_\_ Suffix (Jr., Sr., etc.): \_\_\_\_\_

Former Last Name 1: \_\_\_\_\_

Former Last Name 2: \_\_\_\_\_

Former Last Name 3: \_\_\_\_\_

Former Last Name 4: \_\_\_\_\_

\* Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

\* Last **SIX** digits of Social Security Number: \_\_\_\_ -- \_\_\_\_  No Social Security Number

Sex: \_\_\_\_\_ Height: \_\_\_\_ ft. \_\_\_\_ in. Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

**Current Address**

\* Street Address: \_\_\_\_\_

Apt. # or Suite: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

**SUBJECT VERIFICATION**

The above information was verified by reviewing the following form(s) of government-issued identification:

Verified by: \_\_\_\_\_ *Print Name of Verifying Employee*

*Signature of Verifying Employee* \_\_\_\_\_ *Date* \_\_\_\_\_

**SUBJECT VERIFICATION BY NOTARY PUBLIC (if employer is unable to verify in person)**

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_  
(name of document signer), proved to me through satisfactory evidence of identification, which were  
\_\_\_\_\_ (type of document), 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

My Commission Expires On \_\_\_\_\_ (seal)

EMPLOYER: Check the box if the annual salary of the position for which this subject is being screened is \$75,000.00 or more.  
**IMPORTANT NOTE:** If unchecked, salary is under \$75,000.00.