



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



**Criminal Offender Record Information (CORI)
 Acknowledgement Form**

To be used by organizations conducting CORI checks for employment, volunteer, subcontractor, licensing, and housing purposes.

_____ The Diocese of Manchester _____ 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.

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 _____ The Diocese of Manchester _____
 (Organization)

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 Diocese of Manchester _____
 (Organization)
 with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The _____ The Diocese of Manchester _____ may conduct
 (Organization)
 subsequent CORI checks within one year of the date this Form was signed by me, provided, however, that
 _____ The Diocese of Manchester _____, must first provide me
 (Organization)
 with written notice of this check.

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