

**CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM**

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT, VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES.

The Office of the Secretary of the Commonwealth, Securities Division is registered under the provisions of MASS. GEN. LAWS 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 Massachusetts DCJIS (“Department of Criminal Justice Information Services”). I hereby acknowledge and provide permission to the Office of the Secretary of the Commonwealth, Securities Division to submit a CORI check for my information to the DCJIS. This authorization is valid for one (1) year from the date of my signature. I may withdraw this authorization at any time by providing the Office of the Secretary of the Commonwealth, Securities Division written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The Office of the Secretary of the Commonwealth, Securities Division may conduct subsequent CORI checks within one (1) year of the date this Form was signed by me provided, however, that The Office of the Secretary of the Commonwealth, Securities Division 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

PURSUANT TO DCJIS REQUIREMENTS, THE SIGNATURE ABOVE MUST BE NOTARIZED BEFORE THIS FORM IS SENT IN ELECTRONIC FORMAT TO THE OFFICE OF THE SECRETARY OF THE COMMONWEALTH, SECURITIES DIVISION.

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

* Last Name * First Name Middle Name Suffix

Maiden Name (or other name(s) by which you have been known)

Former Last Name 1: _____

Former Last Name 2: _____

Former Last Name 3: _____

Former Last Name 4: _____

* Date of Birth: _____ Place of Birth: _____

* Last Six Digits of Your Social Security Number: _____ - _____

Sex: _____ Height: _____ ft. _____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Mother's Full Maiden Name

Father's Full Name

Current and Former Addresses:

Street Number & Name City/Town State Zip

Street Number & Name City/Town State Zip

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

Verified by:

Name of Verifying Employee (Please Print)

Signature of Verifying Employee