

Boston University

CRIMINAL OFFENDER RECORD INFORMATION (CORI and SORI) ACKNOWLEDGEMENT FORM

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As a prospective or current employee, subcontractor, or volunteer, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to CSI 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 understand that I may withdraw this authorization at any time by providing Boston University with written notice of my intent to withdraw consent to a CORI check.

CSI on behalf of Boston University may conduct subsequent CORI checks within one year of the date this Form was signed by me, provided, however, that Boston University must first provide me with written notice of this check.

Applicant (print name): _____

Applicant (signature): _____ Date: _____