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.

________________________________________ is registered under the 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. _________________________________ has authorized

(Organization)

Creative Services, Inc. _________________________________ to submit CORI checks 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 _________________________________

(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 _________________________________

(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)

____________________________________________ 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
**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:

_____________ ________________ ________________ ________________  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.