CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

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

The University of Massachusetts Boston – College of Nursing & Health Sciences 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.

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 University of Massachusetts Boston – College of Nursing & Health Sciences 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 University of Massachusetts Boston – College of Nursing & Health Sciences with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: The University of Massachusetts Boston – College of Nursing & Health Sciences may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that The University of Massachusetts Boston – College of Nursing & Health Sciences 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

VERIFIED BY: ________________________________________ ON ______________
Name of Verifying BHPL Employee or Notary Public (Please Print)  Date

______________________________________________  __________________________
Signature of Verifying BHPL Employee or Notary Public

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SUBJECT INFORMATION: (An asterisk (*) denotes a required field)

*Last Name  *First Name  Middle Name  Suffix

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

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 Name (Mother’s 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 identity of the subject of this acknowledgement form was verified by reviewing the following form(s) of government-issued identification:

_____________________________________________________

_____________________________________________________

VERIFIED BY: ___________________  ON ___________

Name of Verifying BHPL Employee or Notary Public (Please Print)  Date

Signature of Verifying BHPL Employee or Notary Public