

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

Please read and sign below and complete the top portion of the next page.

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

Beverly Bootstraps 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 DJCIS. I hereby acknowledge and provide permission to Beverly Bootstraps 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 Beverly Bootstraps with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: Beverly Bootstraps may conduct subsequent CORI checks within one year from the date that this Form was signed by me provided, however, that Beverly Bootstraps first provides 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

SUBJECT INFORMATION:

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 _____

Father's Full Name Mother's Full Maiden Name

Current Street Number & Name City/Town State Zip

Former Street Number & Name City/Town State Zip

*****STAFF USE ONLY*****

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

VERIFIED BY: _____
Printed Name of Verifying Employee

Signature of Verifying Employee