



CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

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

The Southern New England Conference 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 Southern New England Conference 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 written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The Southern New England Conference may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that the Southern New England Conference 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



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 Maiden Name Father's Full Name

CURRENT AND FORMER ADDRESSES:

Street Number and Name City/Town State Zip

Street Number and Name City/Town State Zip

Street Number and Name City/Town State Zip

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

VERIFIED BY:

Name of Authorized, Verifying Employee (Please Print)

Signature of Authorized, Verifying Employee Date

M.G.L. c. 6, § 178I REQUEST FOR SEX OFFENDER REGISTRY INFORMATION

SORB USE ONLY

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