



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services
 200 Arlington Street, Suite 2200, Chelsea, MA 02150
 TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
 MASS.GOV/CJIS



**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.

Smith College 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. Smith College has authorized iCORI 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 iCORI 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 Smith College 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 Smith College to request this information.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

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

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



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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.): _____

Preferred Name(s)/Nickname(s)/Alias(es): _____

Former Last Name(s): _____

* Date of Birth (MM/DD/YYYY): _____ Place of Birth: _____

* Last **SIX** digits of Social Security Number: _____ -- _____ *If you don't have a social, put a string of zeroes.*

* Email Address _____

* Phone Number _____

* Program Name and Director: _____

Permanent Address

* Street Address: _____

Apt. # or Suite: _____ *City: _____ *State: _____ *Zip: _____

SUBJECT VERIFICATION

***For use by authorized personnel only**

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

Identification Type and Number:

Location of Issue (state and/or country):

Verified by:

Print Name of CORI Representative/Notary Public

Signature of CORI Representative/Notary Public

Date