



**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



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