

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

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

**Western Massachusetts Council, BSA** 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.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The **Western Massachusetts Council, BSA** may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that **Western Massachusetts Council, BSA** must first provide me with written notice of this check.

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 **Western Massachusetts Council, BSA** 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 **Western Massachusetts Council, BSA** with written notice of my intent to withdraw consent to a CORI 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

~This is a two-part form. Please be sure to complete both sides/pages.~

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SUBJECT INFORMATION:

**CRIMINAL OFFENDER RECORD INFORMATION (CORI)  
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**(PLEASE PRINT CLEARLY)**

\_\_\_\_\_  
\*LAST NAME                                      \*FIRST NAME (not nickname)                      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: X X X- \_\_\_\_ - \_\_\_\_

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 ADDRESS:

\_\_\_\_\_  
Street Number and Name                                      City                                      State                                      Zip

FORMER ADDRESS:

\_\_\_\_\_  
Street Number and Name                                      City                                      State                                      Zip

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Verified by:

\_\_\_\_\_  
Name of Verifying Employee (Please Print)

\_\_\_\_\_  
Signature of Verifying Employee

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