CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

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

UMass Chan Medical School 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 UMass Chan Medical School 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 UMass Chan Medical School written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: UMass Chan Medical School may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that UMass Medical School 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.

_____
PRINT NAME

_____   _____
SIGNATURE   DATE

SUBJECT INFORMATION:

_____
*Last Name   *First Name   Middle Name   Suffix

_____
*Maiden Name (or other name(s) by which you have been known, if applicable)

*Date of Birth: _____

*Last Six Digits of Your Social Security Number:_____-_____

*Father's Full Name:

_____
Last Name   First Name

*Mother's Full Maiden Name:

_____
Last Name   First Name

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