



ARCHDIOCESE OF BOSTON
66 BROOKS DRIVE
BRAINTREE, MASSACHUSETTS 02184-3839

CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

The Archdiocese of Boston, Office of Background Screening is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purposes of screening current and otherwise qualified prospective employees, subcontractors, or volunteers.

As a prospective or current employee, subcontractor, or volunteer, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to the Archdiocese of Boston, Office of Background Screening 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 Archdiocese of Boston, Office of Background Screening with written notice of my intent to withdraw consent to a CORI check.

I also understand, that The Archdiocese of Boston, Office of Background Screening may conduct subsequent CORI checks within one year from the date this Form was signed by me. 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 _____

DATE _____

PLEASE CHECK ONE:

Camp Employee – Position/Title: _____

Camp Volunteer – Position/Title: _____

Name of Camp: _____

Name of Parish/School: _____

City/Town _____

PLEASE CHECK ONE:

NEW a FY19/FY20 NEW CORI – (I did not complete a CORI last year.)

RENEWAL a FY19/FY20 RENEWAL CORI – (I did complete a CORI last year.)

SUBJECT INFORMATION

The fields marked with an asterisk (*) are required by the Massachusetts Department of Criminal Justice Information Services (DCJIS) for CORI processing.

* First Name: _____ Middle Initial: _____
* Last Name: _____ Suffix (Jr. Sr., etc.): _____
* Former Last Name 1/Maiden Name: _____
* Former Last Name 2: _____
* Former Last Name 3: _____
* Former Last Name 4: _____
* Date of Birth (MM/DD/YYYY): _____ Place of Birth: _____
* Last **SIX** digits of Social Security Number: ____ -- ____ No Social Security Number
Sex: _____ Height: ____ ft. ____ in. Eye Color: _____ Race: _____
* Driver's License or ID Number: _____ *State of Issue: _____
Father's Full Name: _____
Mother's Full Name: _____

CURRENT ADDRESS

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

SUBJECT VERIFICATION

To be completed by Employee/Ministry Leader

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

VERIFIED BY: (Employee/Ministry Leader)

Print Name _____

Signature _____ **Date** _____