

The Commonwealth of Massachusetts

Department of Public Health
Office of Preparedness and Emergency Management
250 Washington Street, Boston, MA 02108-4619

CHARLES D. BAKER Governor KARYN E. POLITO Lieutenant Governor MARYLOU SUDDERS Secretary

MONICA BHAREL, MD, MPH Commissioner



CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

MA Responds 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 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 (Department of Criminal Justice Information Services). I hereby acknowledge and provide permission to MA Responds staff to submit a CORI check with 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 MA Responds staff with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: MA Responds may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, MA Responds staff 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_	
VOLUNTEER	UNIT		

Once received by MA Responds this Acknowledgement Form will be used to run a CORI and will then be kept secure in a locked file cabinet at the MDPH Office of Preparedness and Emergency Management for a minimum of one year.

MAIL FORM TO:

Massachusetts Department of Public Health Office of Preparedness and Emergency Management 250 Washington Street, 1ST Floor Boston, MA 02108 ATTN: MA Responds

*Last Name		*First Name	Middle Name		Suffix	
Maiden Name (or oth	er name(s) by whi	ich you have been ki	nown, if applicable	e)		
*Date of Birth		*Place of Birth			_	
*Last <u>Six</u> Digits of Yo	our Social Security	Number	<u>-</u>	_ (requi	ired for CORI)	
Sex: Ho	eight:ft in.	Eye Color:	Race:			
Driver's License or ID N	Tumber:	Sta	ate of Issue:		_	
Mother's Full Maiden N	ame	Father's	Father's Full Name			
Current and Former Add	resses:					
Street Number & Name		City/Town	City/Town		Zip	
Street Number & Name		City/Town		State	Zip	
The above information w		For requestor's use only		sued id	lentification:	
		ing the following form		-	chimeution.	
VERIFIED BY:	nme of Verifying Emp	ployee (Please Print)				