



The Commonwealth of Massachusetts
 Executive Office of Health and Human Services
 Department of Public Health
 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 MDPH's Office of Preparedness and Emergency Management for a minimum of one year

Please note: CORIs cannot be accepted without photo ID verification

Have your photo identification verified and this form signed indicating photo verification by your **local program administrator** or by a **notary public** before sending it in for processing. If you have selected the "State Unaffiliated Volunteers" as your only organization please have your photo identification verified and CORI Acknowledgement Form signed by a **notary public**. Once photo ID is verified, 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

SUBJECT INFORMATION (PLEASE PRINT): (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, if applicable)

***Date of Birth**

***Place of Birth**

***Last Six (6) Digits of Your Social Security Number** _____ - _____ *(required for CORI)*

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 and Former Addresses:

Street Number & Name

City/Town

State Zip

Street Number & Name

City/Town

State Zip

(For requestor's use only)

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