CORI Acknowledgement Form



THE COMMONWEALTH OF MASSACHUSETTS EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY

Department of Criminal Justice Information Services 200 Arlington Street, Suite 2200, Chelsea, MA 02150 TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973 MASS.GOV/CJIS



Criminal Offender Record Information (CORI) Acknowledgement Form

to be used by organizations conducting CORI checks for employment, volunteer, subcon-	tractor, licensing, and housing
F-10, P-0-0-0-1	
	is registered under the
(Organization)	
provisions of M.G.L. c.6, \S 172 to receive CORI for the purpose of screening current and comployees, subcontractors, volunteers, license applicants, current licensees, and applications.	
As a prospective or current employee, subcontractor, volunteer, license applicant, currer rental or lease of housing, I understand that a CORI check will be submitted for my person hereby acknowledge and provide permission to	
(Organizatio	n)
to submit a CORI check for my information to the DCJIS. This authorization is valid for signature. I may withdraw this authorization at any time by providing	one year from the date of my
(1)	Organization)
with written notice of my intent to withdraw consent to a CORI check.	
FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:	
The	may conduct
(Organization)	
subsequent CORI checks within one year of the date this Form was signed by me, provided	d, however, that
	, must first provide me
(Organization)	
with written notice of this check.	
By signing below, I provide my consent to a CORI check and affirm that the informati Acknowledgement Form is true and accurate.	on provided on Page 2 of this
Signature of CORI Subject	Date