



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.

The Archdiocese of Boston, Office of Background Screening may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that the Archdiocese of Boston, Office of Background Screening must first provide me with written notice of this check.

\_\_\_\_\_  
 SIGNATURE

\_\_\_\_\_  
 DATE

Please Check One:

Educator       School Staff       School Volunteer       Contractor

Position as employee or volunteer \_\_\_\_\_

Name of School \_\_\_\_\_

Town/City \_\_\_\_\_

Please Check One:

New       a FY15-FY16 NEW CORI – (I did not complete a CORI last year.)

Renewal       a FY15-FY16 RENEWAL CORI – (I did complete a CORI last year.)

**Subject Information: (An asterisk (\*) denotes a required field)**

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\*Last Name                      \*First Name                      Middle Name                      Suffix

\*Maiden Name (if applicable)

\*Date of Birth                      Place of Birth

\* Last Six Digits of Your Social Security Number (*REQUIRED*) \_\_\_\_\_ - \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ ft \_\_\_\_\_ in      Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_

\*Drivers 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

**CORI VERIFICATION**

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: \_\_\_\_\_