



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  
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MASS.GOV/CJIS



**Criminal Offender Record Information (CORI)  
Acknowledgement Form**

**ISKWELAHANG PILIPINO** 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 the rental or lease of housing. As a prospective **volunteer, or current volunteer** of **ISKWELAHANG PILIPINO**, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to **ISKWELAHANG PILIPINO** 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 **ISKWELAHANG PILIPINO** with written notice of my intent to withdraw consent to a CORI check.

FOR VOLUNTEER PURPOSES ONLY: **ISKWELAHANG PILIPINO** may conduct subsequent CORI checks within one year of the date this Form was signed by me, provided, however, that **ISKWELAHANG PILIPINO** must first provide me with written notice of this check.

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 of CORI Subject

\_\_\_\_\_  
Date

**SUBJECT INFORMATION**

**(Please complete this section using the information of the person whose CORI you are requesting. The fields marked with asterisk(\*) are required fields.)**

\*FirstName: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
\*LastName: \_\_\_\_\_ Suffix(Jr.,Sr.,etc.) \_\_\_\_\_  
Former Last Name 1: \_\_\_\_\_  
Former Last Name 2: \_\_\_\_\_  
Former Last Name 3: \_\_\_\_\_  
\* Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
\* Last SIX digits of Social Security Number: \_\_\_\_\_ -- \_\_\_\_\_  No SS#  
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** The above information was verified by reviewing the following form(s) of government-issued identification:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Verified by:

\_\_\_\_\_  
Print Name of Verifying Staff

\_\_\_\_\_  
Signature of Verifying Staff

\_\_\_\_\_  
Date