



CRIMINAL OFFENDER RECORD INFORMATION (CORI and SORI)  
ACKNOWLEDGEMENT FORM

To be used by organizations using consumer reporting agencies to conduct CORI checks for employment, volunteer, subcontractor, licensing, and housing purposes.

Five Colleges, Inc. 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. Five Colleges, Inc. has authorized DataFacts to submit CORI checks to the Massachusetts Department of Criminal Justice Information Services (DCJIS) on its behalf.

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. I hereby acknowledge and provide permission to DataFacts 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 Five Colleges, Inc. with written notice of my intent to withdraw consent to a CORI check. I also understand that this form is a CORI acknowledgement form and I am entitled to additional consumer reporting disclosure forms under the Fair Credit Reporting Act. If I have not received those disclosures, I should contact Five Colleges, Inc. to request this information.

**FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:**

DataFacts on behalf of Five Colleges, Inc. may conduct subsequent CORI checks within one year of the date this Form was signed by me, provided, however, that Five Colleges, Inc., must first provide me with written notice of this check.

Please check the box below to identify how you would like a copy of your CORI or SORI to be sent to you if FCI is required to provide you with a copy:

- First Class Mail to current address listed on page 2 of the Acknowledgement Form
- E-Mail to the email address listed on page 2 of the Acknowledgement Form

By signing below, I provide my consent to a CORI or SORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For Employment Tracking Purposes:

Department: \_\_\_\_\_

Position: \_\_\_\_\_

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Subject Information

The fields marked with an asterisk (\*) are required fields.

\* Legal First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

\* Legal Last Name: \_\_\_\_\_ Suffix (Jr., Sr., etc.): \_\_\_\_\_

Chosen Name (if different): \_\_\_\_\_

Enter Maiden Name (or other names(s) by which you have been known) below

Former Name 1: \_\_\_\_\_

Former Name 2: \_\_\_\_\_

Former Name 3: \_\_\_\_\_

\* Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

\* Last SIX digits of Social Security Number: XXX - \_\_\_\_\_ - \_\_\_\_\_

Height: \_\_\_ft. \_\_\_in.      Eye Color: \_\_\_\_\_      Race: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

\* Current Street Address: \_\_\_\_\_

Apt. # or Suite: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Former\* Street Address: \_\_\_\_\_

Apt. # or Suite: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

Former\* Street Address: \_\_\_\_\_

Apt. # or Suite: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

-----\*\*\* DO NOT WRITE BELOW THIS LINE \*\*\*-----

The above information was verified by reviewing the following form(s) of government-issued identifications:

- State-issued Driver's License       Passport       State-issued identification card with photo  
 Military Identification Card       Native American Tribal Documents

Verified by:

Print Name: \_\_\_\_\_

Position: \_\_\_\_\_

Signature of Verifying Employee: \_\_\_\_\_ Date: \_\_\_\_\_

**Jurat Language**

State/Commonwealth of \_\_\_\_\_

County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_ (name of document signer), proved to me through satisfactory evidence of identification, which were \_\_\_\_\_, to be the person whose name is signed on the preceding or attached document in my presence.

(seal)

\_\_\_\_\_  
Notary Public Signature