

## CRIMINAL OFFENDER RECORD INFORMATION (CORI) Acknowledgement Form

The Archdiocese of Boston, Office for Background Screening 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, 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 for 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 for Background Screening, with written notice of my intent to withdraw consent to a CORI check.

The Archdiocese of Boston, Office for 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 for Background Screening must first provide me with written notice of this check.

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SIGNATURE

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DATE

PLEASE CIRCLE ONE: Priest Deacon Seminarian Diaconate Candidate Seminary Candidate

Deacon Aspirant Religious Brother Educator School Staff School Volunteer Contractor

Paid Parish Staff Parish Volunteer - Ministering to Elderly

Parish Volunteer - Ministering Directly To Children or Having Potential for Interaction with Children  
(See Example List)

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POSITION AS EMPLOYEE OR VOLUNTEER

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Name of Agency, Parish or School submitting this CORI Form (please include city or town.)

PLEASE CIRCLE: This is: a FY 2012 NEW CORI a FY 2012 RENEWAL CORI

a FY 2013 NEW CORI a FY 2013 RENEWAL CORI

**SUBJECT INFORMATION:**

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**Last Name                      First Name                      Middle Name                      Suffix**

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**Maiden Name**

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**Date of Birth                      Place of Birth**

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

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

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

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**Mother's Full Maiden Name                      Father's Full Name**

**Current and Former Addresses:**

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**Street Number & Name                      City/Town                      State                      Zip**

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**Street Number & Name                      City/Town                      State                      Zip**

**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**