**CRIMINAL OFFENDER RECORD INFORMATION (CORI)**
**ACKNOWLEDGEMENT FORM**

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT, VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES.

Partners Healthcare 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 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 Partners Healthcare 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 Partners Healthcare written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

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

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

_____ _____

SIGNATURE DATE

If applicable:

On this _____day of _____, 20 ____, before me, the undersigned notary public, personally appeared _____, proved to me through satisfactory evidence of identification, which was/were _____to be the person who signed the preceding or attached document in my presence, and swore or affirmed to me that the contents of the document are truthful and accurate to the best of (his/her) knowledge and belief.

_____(official signature and seal of notary)_____(Comm Ex)

SUBJECT INFORMATION:

172C_____ 172 B&C_____ 172 E_____ 172G _____

_____

Last Name First Name Middle Name Suffix

_____

Maiden Name (or other name(s) by which you have been known)

_____ _____

Date of Birth Place of Birth

Last Six Digits of Your Social Security Number:_____-_____

Position applied for:_____

Sex: _____ Height:____ft. __ in. Eye Color: _____

Driver's 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

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

_____

Signature of CORI Authorized Personnel

Entity: _____