



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:

- Priest Deacon Seminarian Paid Parish Staff Pastoral Center
 Parish Volunteer - Ministering Directly to Children or Having Potential for Interaction with Children
 Parish Volunteer – Ministering to Elderly
 Educator School Staff School Volunteer Contractor

Position as employee or volunteer _____

Agency/Parish/School Submitting CORI (Please include City or Town.)

New a FY18 NEW CORI – (I did not complete a CORI last year.)

Renewal a FY18 RENEWAL CORI – (I did complete a CORI last year.)

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

* First Name: _____ Middle Initial: _____

* Last Name: _____ Suffix (Jr., Sr., etc.): _____

* Maiden Name (if applicable): _____

* Former Last Name 2: (if applicable): _____

* Former Last Name 3: (if applicable): _____

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

* Last **SIX** digits of Social Security Number: ____ -- ____ No Social Security Number

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 Employee

Signature of Verifying Employee *Date*