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READS Collaborative

105 East Grove St., Middleboro, MA 02346

CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

To be used by organizations conducting CORI checks for employment, volunteer, subcontractor, licensing, and housing purposes.

READS Collaborative is registered under the provisions of M.G.L. c. 6, ss 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 READS Collaborative 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 READS Collaborative with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: The READS Collaborative may conduct subsequent CORI checks within one year of the date this form was signed by me provided, however, that READS Collaborative 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

Print Name

SUBJECT INFORMATION:

Last Name First Name Middle Name Suffix

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

Date of Birth Place of Birth

Last six (6) digits of your social security number (**REQUIRED**): ____ - ____

Sex: ____ Height: ____ft. ____in. Weight: ____ Eye Color: ____ Race: ____

Driver's License or ID Number: _____ State of Issue _____

Mother's Full Maiden Name Father's Full Name

Reason for CORI (i.e., volunteer, employment, sub contractor) _____

Current and Former Addresses:

Street Number & Name City/Town State Zip

Street Number & Name City/Town State Zip

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**This section is to be completed by the employee who is taking in the CORI application
& handling the actual government issued picture identification.
[APPLICANT MUST BE PRESENT]**

The above information was verified by reviewing the following form(s) of government issued identification (**Circle One**): Driver's license/Passport/ Mass ID/ Other government issued picture identification document.

VERIFIED BY: _____
Name of Verifying Employee/Program Director (Please Print)

Signature of Verifying Employee

READS Collaborative Program