

## CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

The Division of Professional Licensure by itself and on behalf of boards of registration pursuant to M.G.L. c. 13, §9 [hereinafter, "Division of Professional Licensure"] 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 license applicants and current licensees.

As a license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the Department of Criminal Justice Information Services ("DCJIS"). I hereby acknowledge and provide permission to the Division of Professional Licensure 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 Division of Professional Licensure written notice of my intent to withdraw consent to a CORI check.

### FOR LICENSING PURPOSES ONLY:

The Division of Professional Licensure may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that the Division of Professional Licensure 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 of this Acknowledgement Form is true and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**NOTE:** DPL cannot accept this CORI acknowledgment form unless it is signed in the presence of a notary public who has likewise verified identity.

### SUBJECT INFORMATION: (An asterisk (\*) denotes a required field)

*Last Six Digits of Your Social Security Number _____-_____-_____	*Date of Birth (MO/DD/YEAR) _____/_____/_____	* Place of Birth _____	
*Legal Last Name _____	*Legal First Name _____	Middle Initial _____	*Suffix _____
*Maiden Name (or other name(s) by which you have been known) _____	Sex _____	Height _____ ft. _____ in.	Eye Color _____
Current Street Number & Name _____	City/Town _____	State _____	Zip _____
Former Street Number & Name _____	City/Town _____	State _____	Zip _____
Driver's License or ID Number _____		State of Issue _____	

### IDENTITY VERIFICATION SECTION:

#### VERIFICATION BY NOTARY:

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_ (name of document signer), and proved to me through satisfactory evidence of identification, which was the following:

☐ Passport ☐ State-issued driver's license ☐ Military identification ☐ State-issued identification card

to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

\_\_\_\_\_  
Notary Public:

\_\_\_\_\_  
Notary Commission Expires On