

## Guide to the Criminal Offender Record Information (CORI) Acknowledgement Form

Please review the following important instructions to successfully complete your CORI Acknowledgement Form.

1. This Massachusetts' CORI Acknowledgement Form is only for residents of Massachusetts. Residents of other states will need to fill out a CORI form for the National CORI.
2. You **must** sign the CORI Acknowledgement Form in the presence of a Notary Public or HESSCO employee to verify your identity using a form of government-issued identification.
  - a. If a Notary Public is authenticating your signature, they must complete all fields on the "Authentication of Signature" section of this form.
  - b. If a HESSCO employee is verifying your identification, they must complete all fields on the "Subject Verification" section of this form.
  - c. Only one of these sections needs to be completed.
3. All fields in the "Subject Information" section of this form with an asterisk (\*) **must** be completed.
4. You **must** list all names you have previously used on the CORI Acknowledgement Form as Former Names.
5. Use caution when entering your date of birth and Social Security Number on your form. If a discrepancy is identified, you will be required to correct the CORI Acknowledgement Form. Only the **last six digits** of your Social Security Number should be listed on this form.
6. You do not need to include this instruction cover page when you submit the form.
7. Return this form to a HESSCO Employee, or mail it to:

Human Resources  
545 South St. Suite 300  
Walpole, MA 02081

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

**HESSCO Elder Services** 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, and volunteers.

As a prospective or current employee, subcontractor, volunteer, I understand that a CORI check will be submitted for my personal information to the DCJIS (Department of Criminal Justice Information Services). I hereby acknowledge and provide permission to **HESSCO Elder Services** 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 written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, AND VOLUNTEER PURPOSES ONLY:

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

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

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Signature of CORI Subject

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Date

SUBJECT INFORMATION: The fields marked with an (\*) are required fields.

*Last Name	*First Name	Middle Name	Suffix
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\_\_\_\_\_  
Maiden Name (or other name(s) by which you have been known)

*Date of Birth (MM/DD/YYYY)	Place of Birth
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\*Last **Six** Digits of Your Social Security Number: \_\_\_\_ - \_\_\_\_ ☐ No Social Security Number

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

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

_____ Mother's Full Maiden Name	_____ Father's Full Name
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CURRENT AND FORMER ADDRESSES:

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

**Authentication of Signature**

Please note that ALL fields in this section must be completed by the Notary Public. Evidence of identification must be government issued photo ID.

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public,  
\_\_\_\_\_ (name of applicant) personally appeared, proved to me through satisfactory  
evidence of identification, which were \_\_\_\_\_, (Ex: Driver's license, passport, etc.) to  
be the person who signed the preceding document in my presence and who swore or affirmed to me that the contents of  
the document are truthful and accurate to the best of (his) (her) knowledge and belief.

Seal of Notary Public

Notary Public Signature \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

Commission Expires: \_\_\_\_\_