

CRIMINAL OFFENDER RECORD INFORMATION (CORI) SEXUAL OFFENDER REGISTRY INFORMATION (SORI) ACKNOWLEDGEMENT FORM

Fitchburg State University 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, students or volunteers.

As a prospective or current employee, student or volunteer, I understand that CORI (Criminal Offender Record Information) and SORI (Sexual Offender Registry Information) checks will be submitted for my personal information to the DCJIS (Department of Criminal Justice Information Services) and SORB (Sexual Offenders Registry Board). I hereby acknowledge and provide permission to **Fitchburg State University** to submit a CORI and SORI check.

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/SORI. I also understand that Fitchburg State University may conduct subsequent CORI/SORI checks within one year of the date this form was signed by me.

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

SIGNATURE	 DATE	

SUBJECT INFORMATION: (A red asterisk (*) denotes a required field)

*Last Name	*First Name	Middle Name	Suffix
Maiden Name (or other nam	ne(s) by which you have been	n known)	
*Date of Birth	Place of Birth		
*Last Six Digits of Your Soo	cial Security Number:	-	
Sex: Height:ft.	in. Eye Color:	Race:	_
Driver's License or ID Num	ber:	State of Issue:	
Mother's Maiden Name	Father'	s Full Name	
Current and Former Address	es:		
*Street Number & Name	*City/Town	*State	*Zip
Street Number & Name	City/Town	State	Zip
The above information was videntification:	verified by reviewing the foll	owing form(s) of governme	nt-issued
VERIFIED BY:Nam	ne of Verifying Employee (Ple		-
	Signature of Verifying Emp	oloyee	