Criminal Offender Record Information (CORI)

Acknowledgement Form

To be used by organizations using consumer reporting agencies to conduct CORI checks for employment, volunteer, subcontractor, licensing, and housing purposes.

Wheaton College 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, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing. Wheaton College has authorized Creative Services, Inc. to submit CORI checks to the Massachusetts Department of Criminal Justice Information Services (DCJIS) on its behalf.

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 Creative Services, Inc. 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 Wheaton College with written notice of my intent to withdraw consent to a CORI check. I also understand that this form is a CORI acknowledgement form and I am entitled to additional consumer reporting disclosure forms under the Fair Credit Reporting Act. If I have not received those disclosures, I should contact Wheaton College to request this information.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

I also understand that the Creative Services, Inc., on behalf of Wheaton College may conduct subsequent CORI checks within one year of the date this Form was signed by me.

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.

_________________________________________  ____________________________
Signature of CORI Subject                     Date
SUBJECT INFORMATION
Please complete this section using the information of the person whose CORI you are requesting.
The fields marked with an asterisk (*) are required fields.

* First Name: ____________________________ Middle Initial: ____________

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

Former Last Name 1: _______________________________________________________

Former Last Name 2: _______________________________________________________

Former Last Name 3: _______________________________________________________

Former Last Name 4: _______________________________________________________

* 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

SUBJECT VERIFICATION BY NOTARY PUBLIC (if employer is unable to verify in person)

On this ___ day of ________, 20______, before me, the undersigned notary public, personally appeared
________________________________________ (name of document signer), proved to me through satisfactory evidence of identification, which were
________________________________________ (type of document), 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

My Commission Expires On (seal)

[ ] EMPLOYER: Check the box if the annual salary of the position for which this subject is being screened is $75,000.00 or more.
[ ] EMPLOYER: Check the box if the annual salary of the position for which this subject is being screened is less than $75,000.00.