CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM

University of Massachusetts Amherst (UMAHH)

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT, VOLUNTEER,
SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES.

The University of Massachusetts Amherst 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.

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 the University of Massachusetts
Amherst 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
University of Massachusetts Amherst written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:
The University of Massachusetts Amherst may conduct subsequent CORI checks within one year
of the date this Form was signed by me provided, however, that University of Massachusetts Amherst
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
SUBJECT INFORMATION: (A red asterisk (*) denotes a required field)

*Last Name  *First Name  Middle Name  Suffix

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

*Date of Birth  Place of Birth

*Last Six Digits of Your 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

Current and Former Addresses:

<table>
<thead>
<tr>
<th>Street Number &amp; Name</th>
<th>City/Town</th>
<th>State</th>
<th>Zip</th>
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The above information was verified by reviewing the following form(s) of government-issued identification:

________________________________________

________________________________________

VERIFIED BY: ___________________________

Name of Verifying Student/Employee (Please Print)

________________________________________

Signature of Verifying Student/Employee

STUDENTS: Do not write below this line