



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services 200
Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



This form is not to be faxed. Please return form to organization .

**Criminal Offender Record Information (CORI)
Acknowledgement Form**

To be used by organizations conducting CORI checks for employment or licensing purposes.

_____ The Spirit of Adventure Council, BSA _____ is registered under the
(Organization)
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, or current licensees.

As a prospective or current employee, subcontractor, volunteer, license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to
_____ The Spirit of Adventure Council, BSA _____
(Organization)

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 Spirit of Adventure Council, BSA _____
(Organization)

with written notice of my intent to withdraw consent to a CORI check.

I also understand, that _____ The Spirit of Adventure Council, BSA _____ may conduct
(Organization)
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

UNIT TYPE: _____

UNIT NUMBER: _____

UNIT TOWN: _____



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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 following **CLEARLY LEGIBLE GOVERNMENT ISSUED PHOTO ID** is ATTACHED

Verified by:

Print Name of Verifying Employee

Date

Upon completion of this form, please mail it AND a copy of a government issued photo id to:

The Spirit of Adventure Council
600 West Cummings Park, Suite 2750
Woburn, MA 01801

This form is required by the Commonwealth of Massachusetts. It must be completed and turned into the Council office in order for the final processing to occur. Thank you!