



CORI ACKNOWLEDGEMENT FORM

THE ROTCH-JONES-DUFF HOUSE & GARDEN MUSEUM CORI ACKNOWLEDGEMENT FORM

The Rotch-Jones-Duff House & Garden Museum ("RJD") is registered under the provisions of M.G.L. c.6, § 172 to receive CORI for screening current and otherwise qualified prospective employees, subcontractors, or 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 RJD 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 RJD with written notice of my intent to withdraw consent to a CORI check.

I also understand that RJD 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. I also acknowledge receipt of the RJD's CORI Policy.

Printed Name of CORI Subject	Signature of CORI Subject	Date
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SUBJECT INFORMATION

First Name: _____ Middle Initial: _____

Last Name: _____ Suffix (Jr., Sr., etc.): _____

Former Last Name 1: _____

Former Last Name 2: _____

Date of Birth (MM/DD/YYYY): _____ Place of Birth: _____

Last **SIX** digits of Social Security Number: _____ -- _____

☐ No Social Security Number

*Theft Index Pin (If Applicable): _____

Sex: _____ Height: _____ ft. _____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____

State of Issue: _____

Father's Full Name: _____

Mother's Full Name: _____

Your Current Address: _____
Street City State Zip

Your Former Address: _____
Street City State Zip

Telephone Number Home: _____

Telephone Number Cell: _____

Email Address: _____

RJD VERIFICATION

SUBJECT VERIFICATION:

The above information was verified by reviewing the following form(s) of government-issued identification: _____

Verified by: _____
(*Print Name of Verifying* of CORI Authorized Volunteer)

Signature of Verifying Employee _____ *Date* _____

*The Criminal History Systems Board (CHSB) Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft Index PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. **All CORI request forms that include this field are required to be submitted to the CHSB via mail or by fax to (617) 660-4614.**

Form Update: 04/01/2019