



Criminal Offender Record Information (CORI) and Sex Offender Registry Information (SORI) Acknowledgement and Authorization Form (Employee)

Westfield 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, 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 DCJIS. I hereby acknowledge and provide permission to Westfield State University to submit a CORI check for my information to the DCJIS.

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 Sex Offender Registry Information background check (SORI check) will be submitted for my personal information to the Sex Offender Registry Board. I hereby acknowledge and provide permission to Westfield State University to submit a SORI check for my information to the SORI Board.

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 of CORI/SORI Subject: _____ Date: _____

Department/Program For This CORI/SORI Request: _____



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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, *if applicable*.

* 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 Maiden 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