



Homework House
54 North Summer St.
Holyoke, MA 01040
413-265-1017
homeworkhouseholyoke.org

Criminal Records Information (CORI) Acknowledgement Form

Homework House is registered under the provisions of M.G.L. c.6, ss172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors and volunteers.

As a prospective or current employee, subcontractor or volunteer, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to Homework House 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 Homework House with written notice of my intent to withdraw consent to a CORI check.

I also understand the Homework House may conduct subsequent CORI checks within one year of the date the 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 Acknowledgment Form is true and accurate.

Signature of CORI subject

Date



Criminal Records Information (CORI) Acknowledgement Form PAGE 2

SUBJECT INFORMATION (please print)

*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 (6) digits of Social Security Number: _____ - _____ ☐ No SS #

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

Mother's Full Name: _____

Father's Full Name: _____

CURRENT ADDRESS (P.O. Box NOT ALLOWED)

*Street address _____

Apt. # or suite: _____ * City _____ * State _____ * Zip _____

SUBJECT VERIFICATION

**This form must be accompanied by a license or photo I.D. (STATE REQUIREMENT)
To be completed by Organizational Representative verifying identification.**

Document Title: _____ ISSUING AUTHORITY: _____
(Must be a government-issued photographic form of identification)

Expiration Date: _____ ID# _____ Height: _____ Weight: _____ SEX: M F

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above named employee.

Signature of Organizational Representative

Printed Name of Organizational representative

Date