CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM

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

Academy of the Pacific Rim 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 Academy of the Pacific Rim 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 Academy of the Pacific Rim written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:
the Academy of the Pacific Rim may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that Academy of the Pacific Rim 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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<td>____________________</td>
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</tbody>
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The above information was verified by reviewing the following form(s) of government-issued identification:

________________________  __________________

VERIFIED BY: ______________________
Name of Verifying Employee (Please Print)

________________________
Signature of Verifying Employee