



Catholic Social Services
1600 Bay Street. Fall River, MA 02724
(508) 674-4681 FAX (508) 675-2224

☐ NEW ☐ RENEWAL

CRIMINAL OFFENDER RECORD INFORMATION (CORI)

SEX OFFENDER REGISTRY INFORMATION (SORI)

ACKNOWLEDGEMENT FORM

Catholic Social Services (CSS) is registered under the provisions of M.G.L., Ch.6, and Sec. 172 H to receive CORI information for the purposes of screening current and otherwise qualified prospective employees, subcontractors, volunteers/interns or clients required by DHCD. As a prospective or current employee, subcontractor, volunteer/intern or client, please check one of the following:

☐ Employee ☐ Subcontractor ☐ Volunteer/Intern ☐ HOUSE/Clients

I understand that a CORI check will be submitted with personal information to the Commonwealth of Massachusetts Department of Criminal Justice Information Services (DCJIS) and a SORI check will be submitted to the Department of Justice National Sex Offender Public Website (NSOP).

I hereby acknowledge and provide permission for Catholic Social Services (CSS) to submit a CORI and SORI check for my information. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing written notice of my intent to withdraw consent. CSS will conduct subsequent CORI and SORI checks annually each year of the date of this form, however, CSS must first provide me with a new authorization form. By signing below, I provide my consent and acknowledge that the information provided in this Acknowledgement Form is true and accurate.

Organization: Catholic Social Services

Signature of Applicant

Date

APPLICANT INFORMATION (Please print clearly)

LAST NAME

FIRST NAME

Middle Initial ALIAS

MAIDEN NAME

MOTHER'S MAIDEN NAME

PLACE OF BIRTH

DOB: (MM/DD/YYYY) ____ / ____ / ____ LAST SIX DIGITS OF SOCIAL SECURITY # ____ - ____ - ____

Please provide address information for the past ten (10) years from the date of this request.
(If needed, please use the back of this form for additional addresses)

CURRENT ADDRESS: _____ Years lived: _____
Street, Town or City, State, and Zip Code

FORMER ADDRESS: _____ Years lived: _____
Street, Town or City, State, and Zip Code

THIS FORM MUST BE ACCOMPANIED BY A VALID DRIVER'S LICENSE OR VALID GOVERNMENT PHOTO I.D. (REQUIRED BY LAW)

To be completed by a Catholic Social Services representative verifying identification of the applicant.

FORM OF ID PROVIDED: _____ ID# _____ STATE OF ISSUE: _____

Printed Name of Manager submitting request

Signature of Manager submitting request

Date