*For use with Massachusetts records only*

OPEN ACCESS CRIMINAL OFFENDER RECORD INFORMATION (CORI)

ACKNOWLEDGEMENT FORM

The University of Massachusetts Amherst may receive Open Access CORI information regarding any student or prospective student. As a prospective or current student, I understand that a CORI check will be submitted for my personal information to the DCJIS.

I,______________________________________, hereby acknowledge and provide permission to the University of Massachusetts Amherst to submit an Open Access CORI check for my information to the DCJIS.

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: ________________________________  
Name: ____________________________________  
Date: ____________________________________
Subject Information

First Name: ___________________________ Middle Initial:_____

Last Name: ___________________________ Suffix:_____

Date of Birth: ___________________________

Last 6 digits of Social Security Number: __ __ __ __ __ __

Father’s Name: ____________________________

Mother’s Name: ____________________________