



The Commonwealth of Massachusetts  
 Executive Office of Health and Human Services  
 Department of Public Health  
 250 Washington Street, Boston, MA 02108-4619

CHARLES D. BAKER  
 Governor

KARYN E. POLITO  
 Lieutenant Governor

MARYLOU SUDDERS  
 Secretary

MONICA BHAREL, MD, MPH  
 Commissioner



**CRIMINAL OFFENDER RECORD INFORMATION (CORI)**  
**ACKNOWLEDGEMENT FORM**

MA Responds 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 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 (Department of Criminal Justice Information Services). I hereby acknowledge and provide permission to MA Responds staff to submit a CORI check with 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 MA Responds staff with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: MA Responds may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, MA Responds staff 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 \_\_\_\_\_

VOLUNTEER UNIT \_\_\_\_\_

*Once received by MA Responds this Acknowledgement Form will be used to run a CORI and will then be kept secure in a locked file cabinet at MDPH's Office of Preparedness and Emergency Management for a minimum of one year*

**Please note: CORIs cannot be accepted without photo ID verification**

Have your photo identification verified and this form signed indicating photo verification by your [local program administrator](#) or by a [notary public](#) before sending it in for processing. If you have selected the "State Unaffiliated Volunteers" as your only organization please have your photo identification verified and CORI Acknowledgement Form signed by a [notary public](#). Once photo ID is verified, mail form to:

Massachusetts Department of Public Health  
 Office of Preparedness and Emergency Management  
 250 Washington Street, 1ST Floor  
 Boston, MA 02108  
 ATTN: MA Responds

