

Massachusetts Certified Public Purchasing Official Training Program

Criminal Offender Record Information (CORI) Acknowledgement Form

The Office of the Inspector General (OIG) is authorized under the provisions of M.G.L. c. 6, § 172, to receive CORI for the purpose of screening applicants for MCPPO/MCSPO designation, certification and recertification. As an applicant for MCPPO/MCSPO designation, certification or recertification, I understand that a CORI check will be conducted for conviction information only and that the results of the record check will not necessarily disqualify me. I also understand that a CORI check will be submitted for my personal information to the Department of Criminal Justice Information Services (DCJIS). I hereby acknowledge and provide permission to submit a CORI check for my information to DCJIS. 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 to the OIG of my intent to withdraw consent to a CORI check. By signing below, I provide my consent to a CORI check and acknowledge that the information provided on this acknowledgment form is true and accurate.

Applicant Signature

Date

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME (OR OTHER NAME(S) BY WHICH YOU HAVE BEEN KNOWN)

DATE OF BIRTH

PLACE OF BIRTH

MOTHER'S FULL MAIDEN NAME

FATHER'S FULL NAME

LAST **SIX** DIGITS OF YOUR SOCIAL SECURITY NUMBER: _____ - _____

ADDRESS: _____ FORMER ADDRESSES: _____

SEX: _____ HEIGHT: _____ FT. _____ IN. EYE COLOR: _____

STATE DRIVER'S LICENSE NUMBER: _____ STATE OF ISSUE: _____

You may submit this form in person to the Office of the Inspector General, at which time you will be required to present a valid government-issued photo identification. Alternatively, you may submit the form by mail, in which case you must first have the form notarized and include with it a photocopy of your valid government-issued photo identification.

(For OIG Use Only)

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

Notary: