



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

Harvard University (“Harvard”) 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, volunteers, contractors, license applicants, and current licensees.

I understand that a CORI check for my personal information will be submitted to the Massachusetts Department of Criminal Justice Information Systems (DCJIS). I hereby acknowledge and provide permission to Harvard to submit a CORI check for my information to the DCJIS. I understand that my authorization shall be valid for one year of my signing this form. I may withdraw this authorization at any time by providing Harvard with written notice of my intent to withdraw consent to a CORI check. Harvard may conduct subsequent CORI checks within one year of the date this Form was signed by me; provided, however, that Harvard first provides me with written notice of the CORI check.

I understand that my eligibility for placement as a clinical extern by Harvard is conditioned upon the results of this CORI check. In consideration of Harvard’s review of my eligibility for placement, I hereby release any individual, entity, and Harvard from all claims or liabilities that might arise from the inquiry into or disclosure of such information, including claims under any federal, state, or local civil rights law and any claims for defamation or invasion of privacy.

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.

Candidate Signature

Date

CANDIDATE INFORMATION: The following information is required for conducting a CORI check. It will not be used for any unlawful purpose.

Last Name	First Name	Middle Name	Suffix
Former Last Name(s) _____		_____	
Former Name #1		Former Name #2	
Date of Birth: _____	Gender: _____	Ethnicity: _____	_____ Amer. Indian _____ Asian _____ Black _____ Unknown _____ White
Last 6 digits of your Social Security Number ¹ : _____			
Form of Identification presented ² : _____			
ID Number: _____	Issued by (state/country) _____		

Father's Full Name (Last, First)			

Mother's Full Name (Last, First)		Mother's Maiden Name	

The above candidate personally appeared and proved to me to be the person whose name is signed on this Form by presenting the above noted forms(s) of government-issued identification:

Verified by:

Alison Hardy

Emerald Johnson

Carrie Sylven

Signature of Harvard Representative

Date

¹ Some international students may not have a social security number.

² Acceptable forms of identification include a state-issued driver's license or identification card with a photograph, a passport, or a military identification.