

APPENDIX 4

**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, and contractors.

As a prospective or current employee, volunteer, or contractor, I understand that a CORI check will be submitted for my personal information to the 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, or until the conclusion of my employment (should I become employed) or assignment, whichever comes first. 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 must first provide me with written notice of the CORI check.

I understand that my eligibility for employment, continued employment, or assignment by Harvard is conditioned upon the results of this CORI check. In consideration of Harvard’s review of my eligibility for employment, continued employment, or assignment, 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. I understand that my completion of this form does not guarantee that I will be employed or assigned by Harvard.

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
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Other names by which you have been known: _____

Date of Birth: _____ Place of Birth: _____

Last six digits of your Social Security No.: _____

Height: ____ft. ____in. Eye Color: _____

Driver's License or ID Number: _____ State of Issue: _____

Mother's Full Maiden Name	Father's Full Name
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Your current and former addresses:

Street Number & Name	City/Town	State	Zip
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Street Number & Name	City/Town	State	Zip
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The above candidate personally appeared and proved to me to be the person whose name is signed on this Form by presenting the following forms(s) of government-issued identification:¹

Verified by: _____
(Printed name of HR Representative)

Signature of HR Representative	Date
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¹ Acceptable forms of identification include a state-issued driver's license or identification card with a photograph, a passport, or a military identification.

NOTE: If an HR representative is unable to verify the candidate's identity and signature in person, the candidate may sign this CORI Acknowledgement Form before a Notary Public. In that case, the following should be substituted for the above HR Representative authentication.

Authentication of Signature By Notary Public

On this ____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____ (name of candidate), who proved to me through satisfactory evidence of identification, which was _____, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

Notary Public

My Commission Expires: _____