



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

Wildflower, Inc. is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI/SORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, or volunteers prior to employment for volunteer services.

As a prospective or current employee, subcontractor, or volunteer, I understand that a CORI check will be submitted for my personal information to the Massachusetts Department of Criminal Justice Information Services. I hereby acknowledge and provide permission to Wildflower, Inc. to submit a CORI check for my information to the Massachusetts Department of Criminal Justice Information Services and SORI check for my information to the Sex Offender Registry Board (SORB). This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing Wildflower, Inc. with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT OR VOLUNTEER PURPOSES ONLY: Wildflower, Inc. may conduct subsequent CORI/SORI checks within one year of the date this form was signed by me provided, however, that Wildflower, Inc. must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI/SORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

PRINT NAME

SIGNATURE

DATE



CORI Request Form

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT NAME)

Former Last Names, or other name(s) by which you have been known.

Date of Birth (MM/DD/YYYY) _____ Place of Birth _____

Last SIX Digits of Social Security Number: _____ ID Theft Index Pin (if applicable): _____

Sex: _____ Height: _____ ft. _____ in. Eye Color: _____ Race: _____

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

Mother's Full Maiden Name

Father's Full Name

Current and Most Recent Former Addresses:

Street Number & Name City/Town State Zip

Street Number & Name City/Town State Zip

The above information was verified by reviewing the following form(s) of government issued identification:

REQUESTED BY: _____
Signature of Verifying Employee _____ Date _____