



**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.

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PRINT NAME

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SIGNATURE

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DATE



## CORI Request Form

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### APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT NAME)

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Last Name	First Name	Middle Name	Suffix
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\_\_\_\_\_  
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

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

\_\_\_\_\_

REQUESTED BY: \_\_\_\_\_  
Signature of Verifying Employee Date