

**CRIMINAL AND SEXUAL OFFENDER RECORD INFORMATION (CORI/SORI)  
ACKNOWLEDGEMENT FORM**

**Habitat for Humanity Of Cape Cod** is registered under the provisions of M.G.L. c. 6, § 172 to receive a Criminal Offender Record Information (CORI) check and a Sex Offender Registry Information (SORI) check for the purpose of screening current and otherwise qualified prospective employees, board members and volunteers. As a prospective or current employee, board member or volunteer I understand that a CORI/SORI check will be submitted for my personal information to the Department of Criminal Justice Information Services (DCJIS).

I hereby acknowledge and provide permission to Habitat for Humanity of Cape Cod to submit a CORI/SORI check for my information to the DCJIS. This authorization is valid for three years from the date of my signature. I may withdraw this authorization at any time by providing Humanity Of Cape Cod with written notice of my intent to withdraw consent to a CORI/SORI check.

Humanity of Cape Cod may conduct subsequent CORI/SORI checks within three years of the date this form was signed by me provided, however, that Humanity of Cape Cod 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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SIGNATURE

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DATE

**A copy of your valid driver's license or passport must be submitted  
along with this form.**

**This form has two sides, please fill out both the front and back.**

**CRIMINAL AND SEXUAL OFFENDER RECORD INFORMATION (CORI/SORI)  
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SUBJECT INFORMATION:

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

Maiden Name (or other name(s) by which you have been known): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Last Six Digits of your Social Security Number: \_\_\_\_ --- \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_ft. \_\_\_in.      Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Current and Former Addresses:

\_\_\_\_\_  
Street Number and Name City/Town State Zip

\_\_\_\_\_  
Street Number and Name City/Town State Zip

SUBMITTED BY: \_\_\_\_\_

Signature / Date

**YOU MUST PROVIDE A COPY OF YOUR DRIVER'S LICENCE OR PASSPORT WITH THIS FORM**

If you do not wish to mail a copy of your government issued identification, you may come to the Habitat office and we will make a copy for you.

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For office Use:

Government issued Identification Used: \_\_\_\_\_

VERIFIED BY: \_\_\_\_\_

Name of Verifying Employee (please print)

\_\_\_\_\_  
Signature of Verifying Employee