Fitchburg State University 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, students or volunteers.

As a prospective or current employee, student or volunteer, I understand that CORI (Criminal Offender Record Information) and SORI (Sexual Offender Registry Information) checks will be submitted for my personal information to the DCJIS (Department of Criminal Justice Information Services) and SORB (Sexual Offenders Registry Board). I hereby acknowledge and provide permission to Fitchburg State University to submit a CORI and SORI check.

This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing written notice of my intent to withdraw consent to a CORI/SORI. I also understand that Fitchburg State University may conduct subsequent CORI/SORI checks within one year of the date this form was signed by me.

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

___________________________________    __________________________________
SIGNATURE   DATE
SUBJECT INFORMATION: (A red asterisk (*) denotes a required field)

<table>
<thead>
<tr>
<th>*Last Name</th>
<th>*First Name</th>
<th>Middle Name</th>
<th>Suffix</th>
</tr>
</thead>
</table>

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:

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<tr>
<th>*Street Number &amp; Name</th>
<th>*City/Town</th>
<th>*State</th>
<th>*Zip</th>
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The above information was verified by reviewing the following form(s) of government-issued identification:

_______________________________________________________

_______________________________________________________

VERIFIED BY: ________________________________________________

Name of Verifying Employee (Please Print)

_______________________________________________________

Signature of Verifying Employee

2 OF 2