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Upper Merrimack Valley Medical Reserve Corps

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CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

The Upper Merrimack Valley Medical Reserve Corps 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 volunteers.

As a prospective or current volunteer, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to **The Upper Merrimack Valley Medical Reserve Corps** to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing **The Upper Merrimack Valley Medical Reserve Corps** with written notice of my intent to withdraw consent to a CORI check.

FOR VOLUNTEER PURPOSES ONLY: **The Upper Merrimack Valley Medical Reserve Corps** may conduct subsequent CORI checks within one year of the date this form was signed by me provided, however, that **The Upper Merrimack Valley Medical Reserve Corps** must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on the CORI Request Form is true and accurate.

SIGNATURE

DATE

