**Agreement of Non-Disclosure (AOND) and CORI Request Form**

**Criminal Offender Record Information ("CORI")**

# **Individual Agreement of Non-Disclosure and Statement of CORI Certification Compliance**

I understand that any person who willfully requests, obtains or seeks to obtain criminal offender record information (CORI) under false pretenses, or who willfully communicates or seeks to communicate CORI to any agency or person except in accordance with the provisions of M.G.L. c. 6, §§168 through 178B, inclusive, shall for each offense be fined not to exceed five thousand dollars ($5,000.00), or imprisoned in a jail or house of correction for up to one year, or both and/or may be ordered by the Department of Criminal Justice Information Services (DCJIS) to pay civil fines not to exceed five hundred ($500.00) for each willful violation.

I understand that CORI certification authorizes me to only request, access, and review CORI to the extent authorized by DCJIS. The extent of the certification will be included in the agency’s CORI certification letter and I agree to read, understand, and request CORI only for those individuals for which the DCJIS has granted certification.

I have reviewed, understand and agree to comply with the DCJIS audit guidelines that are available at www.mass.gov/cjis. I agree to securely store and disseminate CORI consistent with these guidelines.

I understand how to read and interpret a CORI report and have reviewed the information provided by the DCJIS entitled “How to Read a CORI” that is available at www.mass.gov/cjis. I agree to provide all applicants with a copy of their CORI upon request so they may review it.

I understand that all agencies certified to access CORI are required to maintain an agency CORI policy, and I will review the MA Responds CORI policy that is available at www.maresponds.org.

I also understand that a criminal record check will be conducted on me by DCJIS as a prerequisite to my having authorization for access to CORI. I will only be notified if I am determined inappropriate to access CORI.

Signed this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_.

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Signature

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Last name First name Middle initial

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Maiden name Alias

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth (MM/DD/YY) Social Security Number (requested but not required)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job title Driver’s License # and State

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency/ Business Agency Code (if previously certified)

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Address

*This document is to be completed by ALL persons employed by, contracted with, or otherwise operating in association with the herein named agency, and who may have access to CORI*