TO BE USED BY ORGANIZATIONS USING CONSUMER REPORTING AGENCIES TO CONDUCT CORI CHECKS FOR EMPLOYMENT, VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES

DANA FARBER CANCER INSTITUTE 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, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing. DANA FARBER CANCER INSTITUTE has authorized PT RESEARCH, INC. to submit CORI checks to the Massachusetts Department of Criminal Justice Information Services (DCJIS) on its behalf.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to PT RESEARCH, INC. 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 DANA FARBER CANCER INSTITUTE & PT RESEARCH, INC. with written notice of my intent to withdraw consent to a CORI check. I also understand that this form is a CORI acknowledgement form and I am entitled to additional consumer reporting disclosure forms under the Fair Credit Reporting Act. If I have not received those disclosures, I should contact PT RESEARCH, INC. to request this information.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: PT RESEARCH, INC. on behalf of DANA FARBER CANCER INSTITUTE may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that DANA FARBER CANCER INSTITUTE & PT RESEARCH, INC. 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 Page 2 of this Acknowledgement Form is true and accurate.

___________________________________   __________________________________
*SIGNATURE       *DATE
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 Full Maiden Name        Father’s Full Name

Current and Former Addresses:

<table>
<thead>
<tr>
<th>Street Number &amp; Name</th>
<th>City/Town</th>
<th>State</th>
<th>Zip</th>
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*HR/Internal Use Only

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

____________________________________________________

____________________________________________________

I certify that DANA FARBER CANCER INSTITUTE is in compliance with all applicable state and federal consumer reporting statutes, and will not misuse any information in violation of federal or state equal employment opportunity laws or regulations.

VERIFIED BY: ________________________________

Name of Verifying Employee (Please Print)

*Signature of Verifying Employee


*This individual is reasonably expected to earn annually:  □ Over $75,000  □ Under $75,000

* Required Field