

## University of Massachusetts Chan Medical School's CORI Dissemination Form

I \_\_\_\_\_, born on \_\_\_\_\_,  
Print Name Date of Birth mm/dd/yyyy

acknowledge that I received a copy of my Criminal Offender Record Information  
(CORI) on \_\_\_\_\_ at \_\_\_\_:\_\_\_\_ .  
Date Time (e.g., 03:00)

I understand that this Massachusetts CORI was generated on  
\_\_\_\_\_ at \_\_\_\_:\_\_\_\_ in response to my request submitted  
Date Time (e.g., 03:00)  
to the University of Massachusetts Chan Medical School's Office of Student Affairs.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date