

iCORI - Batch Upload Specification

Organizations submitting more than ten CORI subjects at one time may submit a file through the iCORI Application. To utilize this function, the user must have a valid account within iCORI, log in to the application, and select the Batch Request function. Please note there is a maximum of 500 subjects that can be submitted per Batch Request. Subjects may be submitted in one file or in multiple files for a request as long as the total number of subjects for the request is no more than 500. Files may be in a text file or an Excel spreadsheet and must be formatted as explained below in the **Document Formatting Requirements** section.

Purpose and Sub Purpose Requirements:

Organizations must ensure that all CORI requests submitted in a file fall into a single purpose and sub-purpose combination. The purpose and sub-purpose, as well as the type of organization, will be used to determine the level of CORI access to be applied to a particular batch. Users will be asked to specify the purpose and sub purpose of the batch before uploading the file(s), and will be responsible for ensuring that all requests within a file fall within one of the purpose and sub-purpose combinations. Please refer to the Purpose dropdown menu within Add Request of the iCORI application for a complete list of purposes that are available to your account. If the purpose of your request is not available and you are entitled to obtain CORI by statute, law, accreditation requirement or regulation please contact DCJIS in order to obtain the correct purpose for your request.



THE COMMONWEALTH OF MASSACHUSETTS EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY

Department of Criminal Justice Information Services 200 Arlington Street, Suite 2200, Chelsea, Massachusetts 02150, MASS.GOV/CJIS

TEL: 617-660-4600 • TTY: 617-660-4606 • FAX: 617-660-4613

Document Formatting Requirements

The iCORI application will only accept data that is submitted within the following formats. If any data within an uploaded file does not meet the following requirements, the file will not upload successfully and a validation message will be displayed to the user.

Column	Field	Required Field?	Format Requirements	Maximum Length
Α	Last Name	Yes		50 characters
В	First Name	Yes		50 characters
С	Middle Initial	No		1 character
D	Suffix	No		10 characters
Е	Date of Birth	Yes	MMDDYYYY	8 characters
F	Last 6 Digits of SSN	Yes		6 characters
G	Sex	No	Must be a valid code, see code details below	10 characters
Н	Race	No	Must be a valid code, see code details below	10 characters
1	Father's Last Name	No		50 characters
J	Father's First Name	No		50 characters
K	Mother's Last Name	No		50 characters
L	Mother's First Name	No		50 characters
M	Mother's Maiden Name	No		50 characters
N	Verification Identification Type	No	Must be a valid code, see code details below	10 characters
0	Verification Identification Value	Conditional - Required if Verification ID Type is entered		25 characters

Please note that:

- Only First Name, Last Name, Date of Birth, and Last Six SSN are required fields
- Last Names should be entered with any hyphens (-) and apostrophes (') that exist
- The dates of birth are in a MMDDYYYY format
- Last six digits of Social Security Numbers must not contain hyphens

Code Details

Sex Codes				
Code Description				
F Female				
М	Male			
U	Unknown			

Race Codes						
Code Description						
Α	Asian					
В	Black					
I	American Indian					
Ш	Unknown					

Verification Identification Type Codes					
Code Description					
OLN	Massachusetts Driver's License				
MAID	Massachusetts State ID				





THE COMMONWEALTH OF MASSACHUSETTS EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY

Department of Criminal Justice Information Services

200 Arlington Street, Suite 2200, Chelsea, Massachusetts 02150, MASS.GOV/CJIS

TEL: 617-660-4600 • TTY: 617-660-4606 • FAX: 617-660-4613

W	White

Document Type Examples

1. Excel Spreadsheet

Columns A - J:

F	File Home	Insert Pa	ge Layout Fo	rmulas	Data Re	view View				
	M17 ▼ (f _x									
	Α	В	С	D	Е	F	G	Н	I	J
1	Last Name	First Name	Middle Initial	Suffix	Date of Birth	Last 6 Digits of SSN	Sex	Race	Father's Last Name	Father's First Name
2	TEIXEIRA	ALFRED	Α		9141919	109284	М			
3	JOHNSON	DAVID	М	JR	07061971	611524	М			
4	BROWN-SMITH	JOANNE	F		11211945	453956	F			
5	BROWN	JOANNE	E		11211945	453956	F			
6	SMITH	JOANNE			11211945	453956	F			
7	DOE	JOHN	M	JR	01011980	123456	М	W	DOE	SAM

Columns K - O:

K L M N O								
Mother's Last Name	Mother's First Name	Mother's Maiden Name	Verification Identification Type	Verification Identification Value				
DOE	MARY	SMITH	OLN	S2345678				

Notes:

- o Must be saved as an Excel File version 2007 or earlier
- o Must have column headers
- o If an individual has a maiden name or alias, it must be listed as a separate subject in a new row
- o Hyphenated names should be submitted in both hyphenated and separate name format as in the example above with Joanne Brown-Smith in row 4.

2. Text File

Sample of All Fields:

```
TEIXEIRA; ALFRED; A;; 9141919; 109284; M;;;;;;;

JOHNSON; DAVID; M; JR; 07061971; 611524; M;;;;;;

BROWN-SMITH; JOANNE; F;; 11211945; 453956; F;;;;;;;

BROWN; JOANNE; E;; 11211945; 453956; F;;;;;;;

SMITH; JOANNE;;; 11211945; 453956; F;;;;;;;

DOE; JOHN; M; JR; 01011980; 123456; M; W; DOE; SAM; DOE; MARY; SMITH; OLN; S2345678
```

Notes:

o Data fields must be delimited by a semi colon





THE COMMONWEALTH OF MASSACHUSETTS EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY Department of Criminal Justice Information Services

200 Arlington Street, Suite 2200, Chelsea, Massachusetts 02150, MASS.GOV/CJIS

TEL: 617-660-4600 • TTY: 617-660-4606 • FAX: 617-660-4613

- o Each Subject must be on a separate line
- o A semicolon must be used as a placeholder for all non-required blank fields
- o If an individual has a maiden name or alias, it must be listed as a separate subject in a new row
- Hyphenated names should be submitted in both hyphenated and separate name format as in the example above with Joanne Brown-Smith

