

## CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

**The Bourne Public Schools** 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. 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 **The Bourne Public Schools** 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 Bourne Public Schools** with written notice of my intent to withdraw consent to a CORI check. FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: **The Bourne Public Schools** may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that **The Bourne Public Schools** 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 in this Acknowledgement Form is true and accurate.**

\_\_\_\_\_ signature

\_\_\_\_\_ date

PLEASE CIRCLE ONE:

EMPLOYEE

SUBSTITUTE

VOLUNTEER

(rev. July 2012)

## SUBJECT INFORMATION: *(Please print clearly-if form is illegible, it will be returned)*

\_\_\_\_\_ Last name

\_\_\_\_\_ First Name

\_\_\_\_\_ Middle Initial

\_\_\_\_\_ Suffix

\_\_\_\_\_ Maiden Name or other names(s) by which you have been known

\_\_\_\_\_ Date of Birth

\_\_\_\_\_ Place of birth

\_\_\_\_\_ Last six digits of your Social Security #

\_\_\_\_\_ Race

Gender: \_\_\_\_\_

Height: \_\_\_\_ ft. \_\_\_\_ in.

Eye color: \_\_\_\_\_

\_\_\_\_\_ Driver's License or ID Number

\_\_\_\_\_ State of Issue

\_\_\_\_\_ Mother's full name [include maiden name in (\_\_\_\_)]

\_\_\_\_\_ Father's full name

\_\_\_\_\_ Current Address (include mail & street)

\*\*\*\*\*  
**(IF NOT AT THE ABOVE ADDRESS 10 YEARS OR MORE, PLEASE PROVIDE ADDITIONAL INFORMATION BELOW)**

\_\_\_\_\_ Former addresses

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

VERIFIED BY: \_\_\_\_\_

Name of Verifying Employee (please print)

\_\_\_\_\_ Signature of Verifying Employee