

SOUTH MIDDLESEX REGIONAL VOCATIONAL TECHNICAL SCHOOL DISTRICT

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JONATHAN EVANS
Superintendent/ Director
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**CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM**

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT, VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES

The Keefe Regional Technical School 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 **Keefe Regional Technical School** 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 **Keefe Regional Technical School** with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: The **Keefe Regional Technical School** may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that **Keefe Regional Technical School** 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



ONE OF THE FOLLOWING MUST ACCOMPANY THIS CORI ACKNOWLEDGEMENT FORM:

- **State issued driver's license, or**
- **State issued identification card with a photograph, or**
- **Passport, or**
- **Military identification**

EMPLOYER 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: _____
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Driver's License or ID Number: _____	State of Issue: _____
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_____	_____
Mother's Full Maiden Name	Father's Full Name

CURRENT AND FORMER ADDRESSES:

_____	_____	_____
Street Number & Name	City/Town State	Zip

_____	_____	_____
Street Number & Name	City/Town State	Zip

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

VERIFIED BY:

Name of Verifying Employee (Please Print)

Signature of Verifying Employee