



# WESTPORT COMMUNITY SCHOOLS

## Office of the Superintendent

**GARY S. REESE ED.D**

Superintendent  
508-636-1140

**MICHELLE RAPOZA**

Business Manager,  
Student Services &  
Transportation  
508-636-1140 x4020

**ELAINE SANTOS**

Special Education  
& Pupil Personnel  
508-636-1140 x4011

**DARREN ELWELL**

Director of Curriculum  
508-636-1140 x4005

**KRISTIN MCDANIEL**

Human Resources  
508-636-1140 x4030

**ANTHONY TOMAH**

Technology Director  
508-636-1140 x4050

**MICHAEL DUARTE**

District Maintenance  
508-636-1140 x4041

**KIM OUELLETTE**

District Custodians &  
Facilities Usage  
508-636-1140 x4042

**JENNIFER CHAVES**

Extended Day  
Director  
508-636-1140 x4425

### CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

**Westport Community 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, chaperones, and volunteers.

As a prospective or current employee, subcontractor, volunteer, chaperone, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to **Westport Community 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 **Westport Community Schools** with written notice of my intent to withdraw consent to a CORI check.

**FOR EMPLOYMENT OR VOLUNTEER, PURPOSES ONLY:** The **Westport Community Schools** may conduct subsequent CORI checks within one year of the date this form was signed by me provided, however, that **Westport Community 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 on Page 2 of this Acknowledgement Form is true and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

As an applicant/employee for the position of \_\_\_\_\_



# WESTPORT COMMUNITY SCHOOLS

## Office of the Superintendent

SUBJECT INFORMATION  
All Fields are REQUIRED

**Please Print Legibly in Pen**

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Last Name                      First Name                      Middle Initial                      Suffix (Jr. Sr. II)

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Maiden or Alias' Name                      Phone Number

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Date of Birth                      Place of Birth

**Last Six Digits** of Your Social Security Number:        \_\_\_\_\_

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*For Office Use Only:*

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

Name of Verifying Employee (Print Please)

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Signature of Verifying Employee

The following information (attached) was verified by reviewing the following form(s) of government issued photo identification (please circle):

- Drivers License
- Passport
- Military I.D.
- State I.D.