

NORTH ANDOVER PUBLIC SCHOOLS

566 Main Street North Andover, MA 01845 Phone: 978-794-1503 Fax: 978-794-0231



CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGMENT FORM

North Andover Public Schools has been certified by the Criminal History Systems Board (CHSB) to access CORI information on individuals who service the North Andover Public Schools.

Current Employee	Applicant Volunteer/Interr	n Subcontractor
Last Name	First Name	Middle Initial Suffix
Date of Birth (mm/dd/yyyy)	Former Last Name (if applicable)	Former Last Name (if applicable)
Last SIX digits of SSN	Current Street Address	City/State/Zip

North Andover Public Schools is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and prospective employees, volunteers, interns and subcontractors. As a prospective or current employee, volunteer, intern or subcontractor, I understand that a CORI check will be submitted for my personal information to the DCJIS.

I hereby acknowledge and provide permission to North Andover Public Schools to submit a CORI check for my information to the DCJIS. This authorization is valid for three (3) years from the date of my signature. I may withdraw this authorization at any time by providing North Andover Public Schools written notice of my intent to withdraw consent to a CORI check. I understand that North Andover Public Schools may conduct subsequent CORI checks within one-year from the date this form was signed provided that North Andover Public Schools notifies me in writing prior to the background check.

School volunteers are also required to read, understand and to agree to comply with the North Andover School Committee policy attached and/or linked here (<u>IJOC-E</u>).

By signing below, I provide my consent to a CORI check and acknowledge that the information I provided on this form is true and accurate.

Signature

Date

Mobile Phone

AUTHORIZED OFFICE USE ONLY

The identity of the person listed above was verified by reviewing the following form of government-issued photographic identification (circle and attach copy): **Driver's License State-Issued ID US Passport**

Printed Name & Signature of Verifying Employee

Date Submitted

School or Location

Return completed form to Human Resources at Central Office, 566 Main Street, North Andover.

VOLUNTEER ACKNOWLEDGEMENT

I understand that as a volunteer in the North Andover Public Schools, all student and staff information is confidential. I agree not to access, review, disclose or use confidential student or staff information without specific authorization from a school administrator. I also understand that even when I am no longer a volunteer with the North Andover Public Schools, any confidential information I have learned must continue to be kept confidential. I understand that any breach of these confidentiality requirements will result in my immediate termination as a volunteer and may result in legal action against me.

I understand that I must comply with all North Andover Public School Committee policies and school rules applicable to school staff as well as all directions from school administrators and staff while serving as a volunteer. I further understand that my authorization to serve as a volunteer may be terminated at the discretion of the Superintendent and school principal at any time if they determine it is in the best interests of the school or the students.

I understand that as a condition of volunteer service, the North Andover School District is required by law to obtain Criminal Offender Record Information for any volunteer who may have direct and unmonitored contact with children.

I have read, understand, and agree to the information presented above:

Signature

Date

CROSS REFERENCE: SOURCE: MASC CROSS REFERENCES: ADDA-C.O.R.I. REQUIREMENTS ADDA-R, ADDA-E-1, ADDA-E-2, ADDA-E-3 -REVISED *1/*9/14