

**OLD ROCHESTER REGIONAL SCHOOL DISTRICT
MASSACHUSETTS SCHOOL SUPERINTENDENCY UNION #55**

Marion – Mattapoisett – Rochester
135 Marion Road, Mattapoisett, MA 02739
508-758-2772

CRIMINAL OFFENDER RECORD INFORMATION (CORI)

ACKNOWLEDGEMENT FORM

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

OLD ROCHESTER REGIONAL SCHOOL DISTRICT 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 Massachusetts Department of Criminal Justice Information Services (DCJIS). I hereby acknowledge and provide permission to OLD ROCHESTER REGIONAL SCHOOL DISTRICT 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 OLD ROCHESTER REGIONAL SCHOOL DISTRICT with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: The OLD ROCHESTER REGIONAL SCHOOL DISTRICT may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that OLD ROCHESTER REGIONAL SCHOOL DISTRICT 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

SUBJECT INFORMATION (Please print):

Last Name First Name Middle Name

Maiden Name (or other name(s) by which you have been known)

Date of Birth Place of Birth

Last Six (6) Digits of Your Social Security Number: XXX- -

Sex: _____ Height: _____ ft. _____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Mother's Full Maiden Name Father's Full Name

Your Current and Former Address(es):

Number and Street Name City/Town State Zip

Number and Street Name City/Town State Zip

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OFFICE USE ONLY

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

Reason for request (please circle): Employee/Substitute/Volunteer/Other _____

School Requesting CORI: _____ Date: _____