MINUTEMAN HIGH SCHOOL

758 Marrett Road Lexington, MA 02421

CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

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

Minuteman High 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 Minuteman High 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 Minuteman High School with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: The Minuteman High School may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that Minuteman High School must first provide me with written notice of this check.

| By signing below, I provide my consent to information provided on Page 2 of this Acl | o a CORI check and acknowledge that the knowledgement Form is true and accurate. |
|--|--|
| | |
| | |
| SIGNATURE | DATE |

SUBJECT INFORMATION

The fields marked with an asterisk (*) are required fields.

| * First Name: | | | | | - |
|------------------------------------|-------------------|-----------|--|---------------|---------------------------|
| Middle Initial: | | | | | |
| * Last Name: | _ | | | | _ |
| Suffix (Jr., Sr., etc.): | | | | | |
| Former Last Name 1: | | | | | |
| Former Last Name 2: | | | | | |
| Former Last Name 3: | | | | | |
| Former Last Name 4: | | | | | |
| * Date of Birth (MM/DD | /YYYY): | | Place of Bir | th: | |
| * Last SIX digits of Social | Security Numb | oer: | | | cial Security Number |
| Sex: | Height: | ft | in. Eye Color: | | Race: |
| Driver's License or ID Nu | mber: | | | Sta | te of Issue: |
| Father's Full Name: | | | | | |
| Mother's Full Name: | | | | | |
| | <u>c</u> | URRENT | ADDRESS | | |
| * Street Address: | | | | | |
| Apt. # or Suite: | | | | | |
| The above information v | vas verified by I | reviewinę | g the following form(| s) of governm | ent-issued identificatior |
| VERIFIED BY: | | | ying Employee (Plea erifying Employee | ase Print) | |
| Position: | | | | | |
| School/Dept: | | | | | |

Commonwealth of Massachusetts Sex Offender Registry Board

M.G.L. c. 6, § 1781 REQUEST FOR SEX OFFENDER REGISTRY INFORMATION

| All requests for sex offender information must be made on this form and mailed to the Sex Offender Registry Board, Attn: SORI Coordinator, P.O. Box 4547, Salem, MA 01970, along with a self-addressed stamped envelope. The Board will provide a report that includes the following information: whether the person identified is a sex offender with an obligation to register, the offense(s) for which the offender was convicted or adjudicated, and the date(s) of the conviction(s) or adjudication(s). Please be advised that the law only permits the public to receive information on sex offenders required to register and finally classified by the Board as a level 2 (moderate risk) or level 3 (high risk) offender. Therefore, information is not available to the public if the identified individual is a level 1 (low risk) offender or if he/she has not yet been finally classified by the Board. | SORB USE ONLY | | | |
|---|---|--|--|--|
| All requests shall be recorded and kept confidential, except to assist or defend in a criminal prosecution. | | | | |
| Requestor's name: Organization name: (if any) Minuter M. Visegar. Reaction of the control of | al Voca Lional Rehnical High School | | | |
| Address: 758 Manett Road Lexington, MA 6242 | Telephone number: | | | |
| I swear under the pains and penalties of perjury that I am the above- for my own protection, the protection of a child under 18 years of ag care or custody. Requestor's signature: | named person, at least 18 years of age, and I am requesting information e, or for the protection of another person for whom I have responsibility, Date: | | | |
| I hereby request that the following information be used to determine whether | r the identified individual is a sex offender required to register in Massachusetts. | | | |
| Subject's LAST NAME: | | | | |
| Subject's FIRST NAME:: | | | | |
| Subject's MIDDLE INITIAL: | | | | |
| Date of birth or approximate age: / / / | | | | |
| M M D D Y | Y Y Y AGE | | | |
| Address (PRINT): | | | | |
| Personal identifying characteristics: | | | | |
| Sex: Race: Height: Weight: | Eye Color: Hair Color: | | | |
| Other information (e.g. license plate number, parents' names, etc.): | | | | |
| If additional information is needed, please contact the Requestor | at the telephone number above. | | | |

SEX OFFENDER REGISTRY INFORMATION SHALL NOT BE USED TO COMMIT A CRIME OR TO ENGAGE IN ILLEGAL DISCRIMINATION OR HARASSMENT OF AN OFFENDER. ANY PERSON WHO USES INFORMATION DISCLOSED PURSUANT TO M.G.L. C. 6, §§ 178C – 178Q FOR SUCH PURPOSES SHALL BE PUNISHED BY NOT MORE THAN TWO AND ONE HALF (2 %) YEARS IN A HOUSE OF CORRECTION OR BY A FINE OF NOT MORE THAN ONE THOUSAND DOLLARS (\$1000.00) OR BOTH (M.G.L. C. 6, § 178N). IN ADDITION, ANY PERSON WHO USES REGISTRY INFORMATION TO THREATEN TO COMMIT A CRIME MAY BE PUNISHED BY A FINE OF NOT MORE THAN ONE HUNDRED DOLLARS (\$100.00) OR BY IMPRISONMENT FOR NOT MORE THAN SIX (6) MONTHS (M.G.L. C. 275, § 4).