

The Public Schools of  
Berlin and Boylston, Massachusetts



Office of the Superintendent  
215 Main Street  
Boylston, MA 01505  
(508) 869-2837 x1107

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

The Berlin-Boylston 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 DCJIS. I hereby acknowledge and provide permission to the Berlin-Boylston 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 the Berlin-Boylston Regional School District with written notice of my intent to withdraw consent to a CORI check.

**FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:** The Berlin-Boylston Regional School District may conduct subsequent CORI checks within one year of the date this form was signed by me provided, however, that the Berlin-Boylston 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 Acknowledge Form is true and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Position:

(employee, substitute, volunteer, coach, subcontractor, other)

**SUBJECT INFORMATION:**

---

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Suffix</b>
------------------	-------------------	--------------------	---------------

---

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

---

<b>Date of Birth</b>	<b>Place of Birth</b>
----------------------	-----------------------

**Last Six Digits of Your Social Security Number (required):**    \_ \_ - \_ \_ \_ \_

**Sex:**    \_    **Height:**    \_ ft.    \_ in.    **Eye Color:**    \_    **Race:**    \_

**Driver's License or ID Number:**    \_    **State of Issue:**    \_

---

<b>Mother's Full Maiden Name</b>	<b>Father's Full Name</b>
----------------------------------	---------------------------

**Current and Former Addresses:**

---

<b>Street Number &amp; Name</b>	<b>City/Town</b>	<b>State</b>	<b>Zip</b>
---------------------------------	------------------	--------------	------------

---

<b>Street Number &amp; Name</b>	<b>City/Town</b>	<b>State</b>	<b>Zip</b>
---------------------------------	------------------	--------------	------------

---

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

\_\_\_\_\_

\_\_\_\_\_

**Verified by:**    \_\_\_\_\_  
**Name of Verifying Employee (please print)**

\_\_\_\_\_

**Signature**