

Berlin-Boylston Regional School District



Office of the Superintendent
 215 Main Street, Boylston, MA 01505
 508-869-2837 ext. 1107

**CRIMINAL OFFENDER RECORD INFORMATION ("CORI") &
 SEXUAL OFFENDER REGISTRY INFORMATION ("SORI")
 ACKNOWLEDGMENT FORM**

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

Berlin-Boylston Regional School District ("BBRSD") 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, and volunteers.

As a prospective or current employee, subcontractor, or volunteer, I understand that a CORI check will be submitted for my personal information to the Department of Criminal Justice Information Services ("DCJIS"). I hereby acknowledge and provide permission to 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 Berlin-Boylston Regional School District with written notice of my intent to withdraw consent to a CORI check.

Berlin-Boylston Regional School District may conduct subsequent CORI checks within one year of the date that this Form was signed by me, and I understand that CORI may be requested at any time within that one year.

I also understand that Berlin-Boylston Regional School District will submit a SORI check request to the Sex Offender Registry Board ("SORB") and other state and federal sex offender registries, I hereby acknowledge and provide permission to Berlin-Boylston Regional School District to submit a CORI check for my information to the SORB and other state and federal sex offender registries.

By signing below, I provide my consent to CORI and SORI checks and acknowledge that the information provided on Page 2 of this Acknowledgment Form is true and accurate.

Signature

Date

Print Name

SUBJECT INFORMATION**The fields marked with an asterisk (*) are required fields. Please print clearly.**

* First Name: _____ Middle Name: _____

* Last Name: _____ Suffix (Jr., Sr., etc.): _____

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

Former Last Name 1: _____

Former Last Name 2: _____

Former Last Name 3: _____

* Date of Birth (MM/DD/YYYY): _____ Place of Birth: _____

* Last **SIX** digits of Social Security Number: ____ -- ____ ☐ No Social Security number

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: _____

Current and Former Addresses

* Current Street Address: _____

Apt. # or Suite: _____ *City: _____ *State: _____ *Zip: _____

Former Address 1: _____

Apt. # or Suite: _____ City: _____ State: _____ Zip: _____

**Subject Verification
(To be filled out by BBRSD)**

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

VERIFIED BY:

*Print Name of Verifying Employee*_____
Signature of Verifying Employee

Date: _____