



North Middlesex Regional School District

66 Brookline Street, Townsend, MA 01469

Tel: 978-597-8713 Fax: 978-597-6534

CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

North Middlesex Regional School District (the "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, 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 DCJIS.

I hereby acknowledge and provide permission to the 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 District with written notice of my intent to withdraw consent to a CORI check.

The District may conduct subsequent CORI checks within one year of the date this form was signed by me provided, however, that the 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

Please check one and provide details:

Current Employee/Position _____

Prospective Employee/Position _____

Volunteer/Event _____

Subcontractor _____

APPLICANT/EMPLOYEE INFORMATION (Please Print Clearly)

LAST NAME FIRST NAME MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE) PLACE OF BIRTH – CITY, STATE

DATE OF BIRTH SOCIAL SECURITY NUMBER *ID THEFT INDEX PIN (if applicable)

MOTHER'S MAIDEN NAME: _____

CURRENT ADDRESS: _____
STREET TOWN STATE ZIP

FORMER ADDRESS: _____
STREET TOWN STATE ZIP

SEX: _____ HEIGHT: _____ FT. _____ IN. RACE: _____ EYE COLOR: _____

DRIVER'S LICENSE OR ID NUMBER: _____ STATE OF ISSUE: _____



THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION:

Document Title: _____ Issuing Authority: _____

Document #: _____ Expiration Date: _____

LOCATION: SECC AES SMS VBES NMS HBMS NMRHS DISTRICT

NAME OF VERIFYING EMPLOYEE
(Print)

SIGNATURE OF VERIFYING EMPLOYEE
(Must be signed for processing)