



Cohasset Public Schools
CORI REQUEST FORM

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

COHASSET PUBLIC SCHOOLS 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, and volunteers.

As a prospective or current employee, 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 COHASSET PUBLIC SCHOOLS 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 COHASSET PUBLIC SCHOOLS with written notice of my intent to withdraw consent to a CORI check.

The COHASSET PUBLIC SCHOOLS may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that COHASSET PUBLIC SCHOOLS 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.

Reason for CORI check: Circle one

Volunteer

Substitute

Employment

SIGNATURE

DATE

Subject Information: PLEASE PRINT

LAST Name: _____ Middle Initial: _____

First Name: _____ Suffix (Jr., Sr., etc.): _____

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: ____ -- ____

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

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

Father's Full Name: _____

Mother's Name: _____

Last

First

Maiden

Current and Former Addresses:

Street Address: _____

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

Street Address: _____

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

Subject Verification: (OFFICE USE ONLY)

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

Driver's License – Copy Attached

Passport – Copy Attached

VERIFIED BY: _____

Print Name of Verifying Employee

Signature of Verifying Employee

Date