

GATEWAY REGIONAL SCHOOL DISTRICT
BLANDFORD - CHESTER - HUNTINGTON - MIDDLEFIELD -
MONTGOMERY - RUSSELL

May 7, 2012 Update

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

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

Gateway 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 employees, subcontractors, volunteers, license applicants, current licenses, and applications for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current license, 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 Gateway 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 Gateway Regional School District with written notice of my intent to withdraw consent to a CORI check.

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

SIGNATURE

DATE

(SEE BACK)

---District Vision Statement---

The Gateway Regional School District will provide an exemplary education that challenges all students in an instructional setting appropriate to their needs.

SUBJECT INFORMATION

Reason for submitting this form (please circle one): Employment, Volunteer/Chaperone, Intern, Other:_____

Last Name First Name Middle Name Suffix

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

Date of Birth Place of Birth

Last Six Digits of Your Social Security Number:(XXX-____-____)

Sex:_____ Height:_____ft. _____in. Eye Color:_____ Race:_____

Driver's License/ID Number:_____ State of Issue:_____
(please provide a copy)

Mother's Full Maiden Name Father's Full Name

Current and Former Addresses:

Street Number & Name City/Town State Zip

Street Number & Name City/Town State Zip

The above information was verified by the following form(s) of governmental issued identification.

VERIFIED BY: _____
Name of Verifying Employee (Please Print)

Signature of Verifying Employee