Greater Fall River Vocational School District

FALL RIVER - SOMERSET | **SWANSEA - WESTPORT**

251 Stonehaven Road
Fall River, Massachusetts 02723
Phone: (508) 678-2891

CRIMINAL OFFENDER RECORD INFORMATION (CORI)

Greater Fall River Vocational School District is registered under the provisions of M.G.L., Ch. 6, §172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees and volunteers. As a prospective or current employee, volunteer or subcontractor, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to Diman Regional Vocational Technical High School to submit a CORI check for my information to the DCJIS. This authorization is valid for submission at any time for one year of the date of my signature. Upon approval it may be valid for up to three (3) years. I may withdraw this authorization at any time by providing Greater Fall River Vocational School District/Diman Regional Vocational Technical High School written notice of my intent to withdraw consent to CORI check. **By signing below, I provide my consent to a CORI check and acknowledge that the information provided is true and accurate.**

Signature: _____ Date: _____

Subject Information (An asterisk * denotes a required field)

_____
*Last Name *First Name *Middle Name Suffix

_____ _____
*Maiden Name (or other names(s) by which you have been known) *Reason for completion of CORI

☐☐-☐☐☐☐

_____ _____
*Date of Birth City or Town of Birth *Last 6 digits of Social Security Number

Gender:_____Height:_____ft.____in. Eye Color:_____Race:_____ Telephone: _____

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

_____ _____
Your Mother's Full **Maiden** Name Your Father's Full Name

Current Address:_____
Street (# & Name) City/Town State Zip

Former Address:_____
Street (# & Name) City/Town State Zip

STOP COMPLETION OF THIS FORM HERE

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

_____ Date: _____
Name of Verifying Employee (Please Print)

_____
Employee Signature