



SOUTH HADLEY PUBLIC SCHOOLS  
OFFICE OF THE SUPERINTENDENT  
Town Hall—116 Main Street  
South Hadley, MA 01075-2898  
(413) 538-5060  
(413) 532-6284 FAX  
jvoyik@shschools.com

Jennifer Voyik  
Superintendent of Schools

CRIMINAL OFFENDERS RECORD INFORMATION (CORI)  
ACKNOWLEDGEMENT FORM

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

South Hadley 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 prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

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

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: The South Hadley School District may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that South Hadley 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 2 of this Acknowledgement Form is true and accurate.

As an applicant/employee for the position of \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(over)

A copy of government identification must accompany this form.

SUBJECT INFORMATION:

---

Last Name	First Name	Middle Name	Suffix
-----------	------------	-------------	--------

---

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

---

Telephone Number	Date of Birth	Place of Birth
------------------	---------------	----------------

**Last Six Digits** of Your Social Security Number (Required): \_\_\_\_\_ - \_\_\_\_\_

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 Address:

---

Street Number & Name	City/Town	State	Zip
----------------------	-----------	-------	-----

Former Address:

---

Street Number & Name	City/Town	State	Zip
----------------------	-----------	-------	-----

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

\_\_\_\_\_

\_\_\_\_\_

VERIFIED BY: \_\_\_\_\_  
Name of Verifying Employee (Please Print)

\_\_\_\_\_  
Signature of Verifying Employee

A copy of government identification must accompany this form.