HAMILTON-WENHAM REGIONAL SCHOOL DISTRICT

Name: (last, first) _____

CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

HAMILTON WENHAM REGIONAL SCHOOL DISTRICT (HWRSD) 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 te DCJIS. I hereby acknowledge and provide permission to **HWRSD** 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 **HWRSD** written notice of my intent to withdraw consent to a CORI check. Once CORI results are received by **HWRSD** the results are valid for three (3) years at which time I will need to complete another CORI acknowledgement form for verification.

FOR EMPLOYMENT (Applicant, Employee or Contracted Service) or VOLUNTEER PURPOSES ONLY: the **HWRSD** may conduct subsequent CORI checks within one year of the date this form was signed by me provided, however, **HWRSD** notify me in writing that additional checks will be done.

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. If unable to return this form in person, the District will accept this form notarized. The original notarized form must be returned to the District.

_____ _____

SIGNATURE - must be original "ink signature" DATE

CORI conducted for:

- ☐ Current Employee
- ☐ New Hire/ Applicant
- ☐ Volunteer **CURRENT OR NEW**
- ☐ Substitute
- ☐ Subcontractor
- ☐ Other: _____

School/Department Location and Position: _____

SUBJECT INFORMATION: (* denotes required field)

_____ _____ _____ _____

*Last Name *First Name Middle Initial Suffix

_____ _____ _____

Maiden Name (or other name(s) a.k.a) *Date of Birth (MMDDCCYY) *Last **SIX** of your Social Security #

Sex: _____ Race: _____ Telephone # _____

_____ _____ _____

Parent 1 Last Name Parent 1 First Name YOUR e-mail Address

_____ _____ _____

Parent 2 Last Name Parent 2 First Name Maiden Name

Current Demographics: _____

Street City/Town State Zip Code

Page 2 of CORI Verification for Office Use Only.

The Hamilton-Wenham Regional School District does not discriminate in its programs, activities or employment practices on the basis of race*, color, sex, sexual orientation, gender identity, religion, disability, age, genetic information, active military/veteran status, marital status, familial status, pregnancy, or pregnancy-related condition, homelessness, ancestry, ethnic background, national origin, or any other category protected by state or federal law.

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Name: (last, first) _____

Office Use Only or Notary:

The information provided on Page 1 of the CORI Acknowledgment form was verified by reviewing the following form of government–issued identification (a copy of the identification is attached to the CORI Request):

Document Name	Document Issuer
Document #	Document Expiration Date - Must be VALID

VERIFIED BY:

Name of Verifying Employee (Please Print)	Signature of Verifying District Employee (must be original "ink signature"

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