North Middlesex Regional School District
19 Main Street, Townsend, MA 01469
Tel: 978-597-8713 Fax: 978-597-6534

CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM

North Middlesex Regional School District (the "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, and volunteers.

As a prospective or current employee, subcontractor, or volunteer, I understand that a CORI check will be submitted to DCJIS for my personal information.

I hereby acknowledge and provide permission to the 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 District with written notice of my intent to withdraw consent to a CORI check.

The District may conduct subsequent CORI checks within one year of the date I signed this form, provided, however, that the 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 Acknowledgment Form is true and accurate.

_____ _____

SIGNATURE DATE

Please check one and provide details:

□ Current Employee/Position _____

□ Prospective Employee/Position_____

☐ Volunteer/Event_____

☐ Subcontractor _____

APPLICANT/EMPLOYEE INFORMATION (Please Print Clearly)

_____ _____ _____

LAST NAME FIRST NAME MIDDLE NAME

_____ _____

MAIDEN NAME OR ALIAS (IF APPLICABLE) PLACE OF BIRTH – CITY, STATE

_____ XXX - ____ - _____ _____

DATE OF BIRTH SOCIAL SECURITY NUMBER *ID THEFT INDEX PIN (if applicable)

MOTHER'S MAIDEN NAME: _____

CURRENT ADDRESS: _____

STREET TOWN STATE ZIP

FORMER ADDRESS: _____

STREET TOWN STATE ZIP

SEX: _____ HEIGHT: _____FT.____IN. RACE: _____ EYE COLOR: _____

DRIVER'S LICENSE OR ID NUMBER:_____STATE OF ISSUE: _____

Please include a copy of your valid photo ID*

FOR DISTRICT USE ONLY:

THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION:

Document Title: _____ Issuing Authority: _____

Document #: _____ Expiration Date: _____

LOCATION: ☐ SECC ☐ SMS ☐ VBES ☐ NMS ☐ HBMS ☐ NMRHS ☐ DISTRICT

_____

NAME OF VERIFYING EMPLOYEE
(Print)

_____

SIGNATURE OF VERIFYING EMPLOYEE
(**Must be signed for processing**)