NORTH ANDOVER PUBLIC SCHOOLS
566 Main Street
North Andover, MA 01845
Phone: 978-794-1503
Fax: 978-396-2956

CORI ACKNOWLEDGMENT FORM
CRIMINAL OFFENDER RECORD INFORMATION

North Andover Public Schools has been certified by the Criminal History Systems Board (CHSB) to access CORI information on individuals who serve the North Andover Public Schools.

☐ Employee ☐ Volunteer ☐ Coach ☐ Subcontractor

Last Name _____ First Name _____ Middle Initial _____ Suffix _____

Date of Birth (mm/dd/yyyy) _____ Former Last Name (if applicable) _____ Former Last Name (if applicable) _____

☐☐☐☐☐☐☐

Last SIX digits of SSN _____ Current Street Address _____ City, State, Zip _____

Phone Number _____ Email Address _____

North Andover Public Schools is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and prospective employees, volunteers, interns, and subcontractors. As a prospective or current employee, volunteer, intern, 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 North Andover Public Schools to submit a CORI check for my information to the DCJIS. This authorization is valid for three (3) years from the date of my signature. I may withdraw this authorization at any time by providing North Andover Public Schools with written notice of my intent to withdraw consent to a CORI check. I understand that North Andover Public Schools may conduct subsequent CORI checks within one-year from the date this form was signed, provided that North Andover Public Schools notifies me in writing prior to the background check.

School volunteers are also required to read, understand, and agree to comply with the North Andover School Committee policy attached and/or linked here (IOC-E).

By signing below, I provide my consent to a CORI check and acknowledge that the information I provided on this form is true and accurate.

Signature _____ Date _____

AUTHORIZED EMPLOYEE VERIFYING IDENTITY: SIGNATURE ON NEXT PAGE ------»

Authorized Office Use Only:

The identity of the person listed above was verified by reviewing the following form(s) of government-issued photographic identification: select one and attach a copy:

☐ Driver's License ☐ State-Issued ID ☐ US Passport

_____ _____

Printed Name Building

_____ _____

Signature Date

Return completed form to Human Resources at Central Office, 566 Main Street, North Andover.

IJOC-E

VOLUNTEER ACKNOWLEDGMENT

I understand that as a volunteer in North Andover Public Schools, all student and staff information is confidential. I agree not to access, review, disclose, or use confidential student or staff information without specific authorization from a school administrator. I also understand that even when I am no longer a volunteer with North Andover Public Schools, any confidential information I have learned must continue to be kept confidential. I understand that any breach of these confidentiality requirements will result in immediate termination as a volunteer and may result in legal action against me.

I understand that I must comply with all of the North Andover Public Schools Committee policies and school rules applicable to school staff, as well as all direction from school administrators and staff while serving as a volunteer. I further understand that my authorization to serve as a volunteer may be terminated at the discretion of the Superintendent and school principal at any time if they determine it is in the best interests of the school or the students.

I understand that as a condition of volunteer service, the North Andover Public Schools District is required by law to obtain Criminal Offender Record Information for any volunteer who may have direct and unmonitored contact with children.

_____ _____

Signature Date

CROSS REFERENCE: SOURCE: MASC
CROSS REFERENCES:
ADDA-C.O.R.I. REQUIREMENTS ADDA-R, ADDA-E-1, ADDA-E-2, ADDA-E-3 -
REVISED 1/9/14