THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services 200
Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS

This form is not to be faxed. Please return form to organization .

Criminal Offender Record Information (CORI)
Sex Offender Registry Information (SORI)
Acknowledgement Form

To be used by organizations conducting CORI checks for employment or licensing purposes.

Dudley Charlton Regional School District is registered under the
(Organization)
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, or current licensees.

As a prospective or current employee, subcontractor, volunteer, license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to Dudley Charlton Regional School District
(Organization)
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 Dudley Charlton Regional School District
(Organization)
with written notice of my intent to withdraw consent to a CORI check.

I also understand, that Dudley Charlton Regional School District may conduct
(Organization)
subsequent CORI checks within one year of the date this Form was signed by me.

By signing below, I provide my consent to a CORI/SORI check and affirm that the information provided on Page 2 of this Acknowledgment Form is true and accurate.

SEX OFFENDER REGISTRY INFORMATION (SORI)
Massachusetts General Law Chapter 6 § 178C-178P

As an applicant/employee/volunteer or sub-contractor for the Dudley Charlton Regional School District, I authorize to use the local and national Sexual Offender Registry Information to determine if I pose an unreasonable risk to students.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THE ABOVE STATEMENTS AND UNDERSTAND THEM.

_____ _____
Signature of CORI /SORI Subject *Date*

Purpose of the CORI (Please Check Below)

___Current Employee (CORI Renewal)

___Volunteer

___New Employee/Applicant/Substitute

___Sub-Contractor

___Student Teacher/Intern

Please include a copy of one of the following forms of non-expired Government issued photographic identification:

___Drivers License

___State Identification Card

___Passport

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SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting.
Please fill in all fields that are applicable. Missing fields may result in a delay in processing.

First Name: _____ Middle Initial: _____

Last Name: _____ Suffix (Jr., Sr., etc.): _____

Former Last Name 1: _____

Former Last Name 2: _____

Former Last Name 3: _____

Former Last Name 4: _____

Date of Birth (MM/DD/YYYY): _____ Place of Birth: _____

Last **SIX** digits of Social Security Number: ___ ___ -- ___ ___ ___ ___ ☐ No Social Security Number

Sex: _____ Height: _____ ft. _____ in. Eye Color: _____ Race: _____

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

Father's Full Name: _____

Mother's Full Name: _____

Current Address

Street Address: _____

Apt. # or Suite: _____ City: _____ State: _____ Zip: _____

SUBJECT VERIFICATION

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

_____
_____
_____

Verified by:

_____
Print Name of Verifying Employee

_____ _____
Signature of Verifying Employee *Date*