

**CONCORD PUBLIC SCHOOLS
CONCORD-CARLISLE REGIONAL SCHOOL DISTRICT**

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CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

Concord Public Schools and/or Concord-Carlisle Regional School District is/are 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 the DCJIS. I hereby acknowledge and provide permission to Concord Public Schools and/or Concord-Carlisle Regional School District to submit a CORI check for my information to DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing Concord Public Schools and/or Concord-Carlisle Regional School District with written notice of my intent to withdraw my consent to a CORI check.

The Concord Public Schools and/or the Concord-Carlisle Regional School District may conduct subsequent CORI checks within one year of the date this form was signed by me provided, however, that Concord Public Schools and/or Concord-Carlisle Regional 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 this Acknowledgement Form is true and accurate.

Signature _____

Date _____

I am an employee/applicant/volunteer/contractor

SUBJECT INFORMATION *(Please print)*

Last Name _____

First Name _____

Middle Name _____

Maiden Name OR Alias *(If applicable)* _____

Place of Birth _____

Date of Birth _____

Last Six Digits of your Social Security Number _____

Mother's Full Maiden Name _____

Father's Full Name _____

CURRENT AND FORMER ADDRESSES:

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

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

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

Verified by: _____

Name of Verifying Employee *(Please Print)*

Signature of Verifying Employee