**CONCORD PUBLIC SCHOOLS**
**CONCORD-CARLISLE REGIONAL SCHOOL DISTRICT**
120 MERIAM ROAD CONCORD, MA 01742 PHONE: 978.318.1542 FAX: 978.318.1544 www.concordpublicschools.net

## 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*

*DLU 05.18.2012*