



Criminal Offender Record Information (CORI) Acknowledgment Form

Prospective or Employee/Volunteer Position _____

Location: (check all that apply) **Oakmont High School** **Overlook Middle School**
 JR Briggs Elementary School **Westminster Elementary School** **Meetinghouse School**

The Ashburnham Westminister Regional School 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 volunteer applicants. 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 The Ashburnham Westminister Regional School 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 Ashburnham Westminister Regional School District with written notice of my intent to withdraw consent to a CORI check. I also understand, that The Ashburnham Westminister Regional School District may conduct subsequent CORI checks within one year of the date this Form was signed by me.

SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting.
 The fields marked with an asterisk (*) are required fields.

* Last Name: _____ First Name: _____ Middle Initial: _____ Suffix (Jr., Sr., etc.): _____

* Former Last Name: _____ Date of Birth: _____ Place of Birth: _____

* Last **SIX** digits of SSN :XXX-__--____ Driver's License or ID Number: _____ State of Issue: _____

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

* Father's Full Name: _____

* Mother's Full Name: _____

Current Address

* Street Address: _____

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

Former Address

* Street Address: _____

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

Signature Employee/Volunteer/Contractor (Prospective/Current)

***Employee/Volunteer/Contractor (Prospective/Current) Signature**

Date

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

CORI Authorized Employee Signature: _____

The identity of the CORI applicant was verified with the attached copy of government issued photographic information:
 Driver License State ID Passport Military ID Other

Return to: The Office of the Superintendent