

## CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

**HAMILTON WENHAM REGIONAL SCHOOL DISTRICT (HWRSD)** 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 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 **HWRSD** 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 **HWRSD** written notice of my intent to withdraw consent to a CORI check. Once CORI results are received by **HWRSD** the results are valid for three (3) years at which time I will need to complete another CORI acknowledgement form for verification.

FOR EMPLOYMENT (Applicant, Employee or Contracted Service) or VOLUNTEER PURPOSES ONLY: the **HWRSD** may conduct subsequent CORI checks within one year of the date this form was signed by me provided, however, **HWRSD** notify me in writing that additional checks will be done.

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

\_\_\_\_\_  
SIGNATURE - must be original "ink signature"

\_\_\_\_\_  
DATE

**CORI conducted for:**

- |  |  |
|--|--|
| <input type="checkbox"/> Current Employee                | <input type="checkbox"/> Substitute    |
| <input type="checkbox"/> New Hire/ Applicant             | <input type="checkbox"/> Subcontractor |
| <input type="checkbox"/> Volunteer <b>CURRENT OR NEW</b> | <input type="checkbox"/> Other: _____  |
- School/Department Location and Position: \_\_\_\_\_

**SUBJECT INFORMATION:** (\* denotes required field)

_____ *Last Name	_____ *First Name	_____ Middle Initial	_____ Suffix
_____ Maiden Name (or other name(s) a.k.a)	_____ *Date of Birth (MMDDCCYY)	_____ *Last <b>SIX</b> of your Social Security #	
*Sex: _____	Race: _____	Telephone # _____	
_____ Father's Last Name	_____ Father's First Name	_____ YOUR e-mail Address	
_____ Mother's Last Name	_____ Mother's First Name	_____ Mother's Maiden Name	

**Current Demographics:** \_\_\_\_\_  
Street City/Town State Zip Code

Name: (last, first) \_\_\_\_\_

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**Office Use Only:**

The information provided on Page 1 of the CORI Acknowledgment form was verified by reviewing the following form of government-issued identification (a copy of the identification is attached to the CORI Request):

Document Name

Document Issuer

Document #

Document Expiration Date - Must be VALID

VERIFIED BY:

\_\_\_\_\_  
Name of Verifying Employee (Please Print)

\_\_\_\_\_  
Signature of Verifying District Employee  
(must be original "ink signature")