

Marlborough Public Schools

CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT, VOLUNTEER, SUBCONTRACTOR, AND LICENSING

MARLBOROUGH PUBLIC SCHOOLS 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, volunteers, license applicants, and 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 **MARLBOROUGH PUBLIC SCHOOLS** 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 **MARLBOROUGH PUBLIC SCHOOLS** with written notice of my intent to withdraw notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The MARLBOROUGH PUBLIC SCHOOLS may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that MARLBOROUGH PUBLIC SCHOOLS must first provide me with written notice of this check.

By signing below, I provide my conser provided on Page 2 of this Acknowled		C
SIGNATURE	DATE	

Please circle your position of intent: as a prospective or current employee, subcontractor, volunteer, license applicant, or current licensee.



Marlborough Public Schools

The back/first page of this form <u>must be signed</u> in order for the application to be processed

Applicant/Employee/Volunteer information (<u>please print</u>): <u>Copy of government issued ID must accompany form</u> <u>SUBJECT INFORMATION:</u> (An asterisk (*) denotes a required field)

*Last Name	*Fir	st Name	* Middle Name	Suffix
*Maiden Name	e (or other name(s) by which	 you have been known	n)	
	* Last Six Digit	s of Your Social Securi	ty Number:	
*Date of Birth				
Place of Birth			*Race:	
Sex:	Height:ftin.	Eye Color:		
Driver's Licens	se or ID Number:		State of Issue:	_
*Mother's Full	Maiden Name	*Father's F	ull Name	
*Current Address:	Street Number & Name	City/Town State Zi	p	
Former Address:	Street Number & Name	City/Town State Zi	p	
The above info	rmation was verified by revi	ewing the following fo	rm(s) of government issued	identification:
VERIFIED BY		(DI D : 1)		-
	Name of Verifying Employ	ee (Please Print)	School	
	Signature of	Verifying Employee		