



CARVER PUBLIC SCHOOLS

Office of the Superintendent

3 Carver Square Boulevard, Carver, Massachusetts 02330-1200

ph: 508-866-6160 fx: 508-866-2920

CRIMINAL OFFENDER RECORD INFORMATION (CORI) **ACKNOWLEDGEMENT FORM**

The CARVER 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 volunteers/chaperones.

As a prospective or current employee, subcontractor or volunteer/chaperone, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to the Carver 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 Carver School District with written notice of my intent to withdraw consent to a CORI check.

The Carver School District may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that the Carver 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:

School Building(s)/Location or /Department

Reason for Request/Position
(e.g. volunteer, teacher, coach, etc.)

PLEASE COMPLETE THE FOLLOWING LEGIBLY:

Last Name

First Name

Middle Name

Date of Birth
(Required) (xx-xx-xxxx)

Last Six Digits of Social Security #
(Required) (xx-xxxx)

Gender
(M | F | X)

Place of Birth (City & State)

Phone Number:

Father's First Name

Father's Last Name

Mother's First Name

Mother's Last Name

Mother's Maiden Name

Prior Last Names, Maiden or Alias (if applicable)

Current Address:

Former Address(es) (5 yrs. prior):

Driver's License No./Issuing State

Height

Weight

Eye Color

The above information was verified by reviewing the following form of non-expired government issued photographic identification:

MA Driver's License MA Identification Passport Other _____

Requested By: _____
Verifying Signature

Approved: _____
Scott E. Knief, Superintendent of Schools