



This form is not to be faxed. Please return form to organization .

Criminal Offender Record Information (CORI) Acknowledgement Form

To be used by organizations conducting CORI checks for employment or licensing purposes.

Erving School Union #28 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, or 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 Erving School Union #28 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 Erving School Union #28 with written notice of my intent to withdraw consent to a CORI check.

I also understand, that Erving School Union #28 may conduct subsequent CORI checks within one year of the date this Form was signed by me.

School: _____ Erving	Role: _____ Employee/Applicant
_____ Leverett	_____ Parent/Volunteer
_____ Shutesbury	_____ Substitute
_____ Swift River	

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

Signature of CORI Subject

Date



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY Department of
Criminal Justice Information Services

200 Arlington Street, Suite 2200, Chelsea, MA 02150 TEL: 617-660-4640 | TTY: 617-660-4606 | FAX:
617-660-5973 MASS.GOV/CJIS



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.

* First Name: _____ Middle Initial: _____
* Last Name: _____ Suffix (Jr., Sr., etc.): _____
Former Last Name 1: _____
Former Last Name 2: _____
Former Last Name 3: _____
Former Last Name 4: _____
* Date of Birth (MM/DD/YYYY): _____ Place of Birth: _____
* Last **SIX** digits of Social Security Number: ____ -- ____ ☐ No Social Security Number
Sex: _____ Height: ____ ft. ____ in. Eye Color: _____ Race: _____
Driver's License or ID Number: _____ State of Issue: _____
Father's Full Name: _____
Mother's Full Name: _____

Current Address

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

SUBJECT VERIFICATION

The above information was verified by reviewing the following form(s) of government-issued identification:

Verified by:

Print Name of Verifying Employee

Signature of Verifying Employee

Date