

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 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 Page 2 of this Acknowledgement Form is true and accurate.

SIGNATURE

DATE

Your Phone Number:

Name of School:

**** IMPORTANT** Please check one:** Volunteer **Applicant Substitute: Teacher** Cafeteria Applicant Job Title: **Current Employee**

Your Job Title:

Other – please be specific:

It is the policy of the Marlborough Public Schools not to discriminate on the basis of race, gender, religion, national origin, color, homelessness, sexual orientation, gender identity, age or disability in its education programs, services, activities or employment practices.



Subject Information Please complete this section. Please print clearly. The fields marked with an asterisk (*) are required.

*Last Name			*Fi	rst Name		Middle Initial	
* Maiden Name (if applicable)				Former	(if applicable)		
* Date of Birth (MM/DD/YYYY):							
* Last SIX digits of Social Security Number: <u>X X X</u> —							
Please check here if you do not have a Social Security #							
Sex:	Height:	ft. in:	in.	Eye Color	:	Race:	
*Driver's License or ID Number:							
*Father's Last Name: * Fa				ther's First Name:			
*Mother's Current Last Name: * M				* Mo	other's First Name:		
*Mother's Maiden Name:							
*Your Current Address:						Apt. # or Suite:	
*City:			*Sta	ate:	*Zip:		
APPLICANT - DO NOT WRITE BELOW THIS LINE							
The above information was verified by reviewing the following form of government-issued identification:							
					Required - do not leave blank		
Print Name of Verifying Employee					Signature of Verifying Employee		
Date					Name of School		

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