



**MEDFIELD PUBLIC SCHOOLS
OFFICE OF THE SUPERINTENDENT**

459 Main Street, 3rd Floor
Medfield, MA 02052

TEL: 508-359-2302
FAX: 508-359-9829

Criminal Offender Record Information (CORI) Acknowledgement Form

To be used by organizations using consumer reporting agencies to conduct CORI checks for employment, volunteer, subcontractor, licensing, and housing purposes.

MEDFIELD 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, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to **MEDFIELD 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 **MEDFIELD PUBLIC SCHOOLS** with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

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

PLEASE CHECK ONE:

- Employment: Applicant Position: _____
- Employment: Current Employee Position: _____
- Volunteers/Interns
- Employment: Subcontractor Company: _____

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

Signature of CORI Subject

Date



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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