



**MEDFIELD PUBLIC SCHOOLS  
OFFICE OF THE SUPERINTENDENT**

459 Main Street, 3<sup>rd</sup> 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