WESTON PUBLIC SCHOOLS

WESTON, MASSACHUSETTS 02493 PHONE (781)786-5260 FAX (781)786-5269 www.westonpublicschools.org

CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

Weston 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 and interns.

As a prospective or current employee, subcontractor, volunteer, or intern, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to Weston Public Schools to submit a CORI check for my information to DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing Weston Public Schools with written notice of my intent to withdraw my consent to a CORI check.

The Weston Public Schools may conduct subsequent CORI checks within one year of the date this form was signed by me provided, however, that the Weston Public Schools 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** **I am an: Employee / Applicant / Volunteer / Contractor / Intern**

SUBJECT INFORMATION (please print)

_____

Last Name First Name Middle Name

_____

Maiden Name OR Alias (if applicable) Place of Birth Date of Birth

XXX - _____ - _____

Last Six Digits of your Social Security Number Required

_____ _____

Father's Full Name Mother's Full Maiden Name

CURRENT AND FORMER ADDRESSES:

_____

Street # & name City/Town State Zip Code

_____

Street # & name City/Town State Zip Code

Sex: _____ Height: _____ ft. _____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION: _____

VERIFIED BY: _____

SIGNATURE OF CORI AUTHORIZED EMPLOYEE