



CRIMINAL OFFENDER RECORD INFORMATION (CORI)

ACKNOWLEDGEMENT FORM

The Swampscott School District 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, volunteers and subcontractors.

As a prospective or current employee, volunteers or subcontractor, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to the Swampscott School District 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 the Swampscott School District with written notice of my intent to withdraw consent to a CORI check.

The Swampscott School District may conduct subsequent CORI checks within one year of the date this form was signed by me provided; however, that the Swampscott School District must first provide me with written notice of this check.

Reason for the request: New Hire Renewal Volunteer/Interns Sub-Contractor

Location: High School Middle School Clarke Hadley Stanley District

Last Name: _____ First Name: _____ M.I.: _____

Suffix: _____ Former Last Name: _____ D.O.B: _____

Male Female Social Security Last Six#: _____ Race: _____

Mother's Full Name _____ Mother's Maiden Name: _____

Father's Full Name _____

Street: _____ Apt: _____ City: _____

State: _____ Zip: _____

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on this form is true and accurate.

Signature

Date

OFFICE USE ONLY:

The above information was verified by reviewing the following form of non-expired government issued photographic identification:

_____ State Identification _____ Passport _____ Other

Name of Verifying Employee

Signature