

**NORWELL PUBLIC SCHOOLS  
NORWELL, MASSACHUSETTS 02061**

**CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM**

Norwell Public Schools is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purposes of screening current and otherwise qualified prospective employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or leasing 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 Norwell 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 Norwell Public Schools with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: Norwell Public Schools may conduct subsequent CORI checks within one year of the date this form was signed by me provided, however, that Norwell 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**

**SUBJECT INFORMATION (PLEASE PRINT CLEARLY):**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Suffix

\_\_\_\_\_  
Maiden Name (or other name(s) by which you have been known)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Place of Birth

Last six digits of your Social Security Number (this is required information): XXX-\_\_\_\_\_-\_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Position for which you are applying: \_\_\_\_\_

**Fathers Name (Last)** \_\_\_\_\_ **(First)** \_\_\_\_\_

**Mothers Name (Last)** \_\_\_\_\_ **(First)** \_\_\_\_\_ **(Maiden)** \_\_\_\_\_

Current and Former Addresses:

\_\_\_\_\_  
Street Number and Name City/Town State Zip Code

\_\_\_\_\_  
Street Number and Name City/Town State Zip Code

The above information was verified by reviewing the following form(s) of government issued identification:

\_\_\_\_\_  
VERIFIED BY: \_\_\_\_\_  
Name of Verifying Employee (Please Print) Signature of Verifying Employee