

MEDFORD PUBLIC SCHOOLS
489 Winthrop Street
Medford, Massachusetts 02155
Telephone: 781-393-2100
Fax: 781-393-2119



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

**TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT, VOLUNTEER,
SUBCONTRACTOR, LICENSING, AND TEMPORARY EMPLOYMENT**

The Medford 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 temporary employment

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for temporary employment, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to The Medford 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 signahire. I may withdraw this authorization at any time by providing the Medford Public Schools with written notice of *my* intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: The Medford Public Schools may conduct subsequent CORI checks within one year of the date this Form was signed by me provided; however, that the Medford Public Schools must first provide me with written notice of this check.

ADDITIONALLY, Please note that M.G.L. c. 71, § 38R, requires the district to obtain new CORI reports every three years during an individual's term of service with the school or district.

By signing the attached CORI form, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

****Applicant's Signature****

****Email Address****

****Phone Number****

****Position Applying For****
(ie: Teacher-Chaperane-Intern-Vofunteer-Cantractor)

****Location/Supervisor Name****
(ie: teacher/person reporting to within District)

****PLEASE NOTE IF YOU ARE A SCHOOL PARENT** Circle: YES OR NO**

If So:

_____ *Child's Name*

_____ *Child's Teacher*

****Today's Date****

Applicant's Legal Information

****Please Print Legibly & Use Pen****

Last Name First Name Middle Name

Maiden Name (or other name(s) by which you have been known) **** IS THIS YOUR LAST OR FIRST NAME? ****

Date of Birth Place of Birth

Last SIX Digits of Your Social Security Number: ____ - ____ *****Must Be Filled Out*****

Sex: ____ Height: ____ ft ____ in Eye Color: ____ Race: ____

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

Your Mother's Full Maiden Name **Your Father's** full Name

Addresses:

Current Street Number & Name City/Town State Zip

Previous Street Number & Name City/Town State Zip

BELOW IS FOR ADMINISTRATION:

The above information was verified, **in person**, by reviewing the following form(s) of **government issued**

identification (please attach a clear copy with this form): _____

Type of Identification

**VERIFIED
BY ADMINISTRATOR:** _____

(Print Name)

(Administrator's Signature)