



THE COMMONWEALTH OF MASSACHUSETTS EXECUTIVE
 OFFICE OF PUBLIC SAFETY AND SECURITY
 Department of Criminal Justice Information Services 200

Arlington Street, Suite 2200, Chelsea, MA 02150
 TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973



MASS.GOV/CJIS

This form is not to be faxed. Please return form to Mansfield Public Schools.

**Criminal Offender Record Information (CORI)
 Acknowledgement Form**

PLEASE CHECK ONE:

Volunteer Reason: _____
 School: _____
 Date: _____

Employee Position/Title: _____
 School: _____

ID Attached

New - I did not complete a CORI previously

Renewal - I did complete a CORI previously

SENT BY: _____
 (Please Print)

DATE: _____

Please send to Human Resources when complete

Mansfield Town Hall
6 Park Row, Mansfield, MA 02048

To be used by organizations conducting CORI checks for employment or licensing purposes.

Mansfield 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, or current licensees.

As a prospective or current employee, subcontractor, volunteer, license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to **Mansfield 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 **Mansfield Public Schools** with written notice of my intent to withdraw consent to a CORI check. I also understand, that **Mansfield Public Schools** may conduct subsequent CORI checks within one year of the date this Form was signed by me.

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

PERSONAL 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: _____

* Date of Birth (MM/DD/YYYY): _____ Place of Birth: _____

* Last **SIX** digits of Social Security Number: ____ -- ____ No Social Security Number

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

Current Address

* Street Address: _____

Apt. # or Suite: _____ *City: _____ *State: _____ *Zip: _____

EMPLOYER 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