

Please complete, sign and return with a copy of license or photo ID to the Superintendent's Office



DRACUT PUBLIC SCHOOLS

2063 Lakeview Avenue
Dracut, Massachusetts 01826
Phone: (978) 957-2660 Fax: (978) 957-2682

Criminal Offender Record Information (CORI) Form

Reason for CORI: _____
(volunteer, substitute, prospective employee, current employee, coach, contractor, etc.)

School Name or Department: _____

Last Name First Name Middle Initial Suffix

Maiden Name or other name(s) by which you have been known (if applicable)

Date of Birth _____ Place of Birth: _____
Month/Day/Year (xx-xx-xxxx) (City and State)

Last six digits of Social Security Number (**REQUIRED**): _____ - _____

Gender: _____ Race: _____ Height: ____ft ____in Eye Color: _____

Current Address: _____
(Street Number and Name) City/Town, State and Zip

Former Address: _____
(Street Number and Name) City/Town, State and Zip

Driver's License or ID Number: _____ State of Issue: _____
A copy of driver's license or photographic identification is required to be submitted with application

Father's Full Name: _____
Last Name First Name

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

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

MA Driver's License Passport Other: _____

Verified By: _____
(Name of verifying employee)

(over)

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Criminal Offender Record Information (CORI) Acknowledgement Form

The Dracut Public Schools is registered under the provisions of MGL 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 the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee or applicant for the rental or lease 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 Dracut 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 the Dracut Public Schools with written notice of my intent to withdraw consent to a CORI check.

For employment, volunteer, and licensing purposes only, the Dracut Public Schools may conduct subsequent CORI checks within one year of the date this form is signed by me provided; however, that the Dracut 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: _____

Name: _____
(Please Print)

Date Signed: _____
(Month, Day, Year)