

## **HINGHAM PUBLIC SCHOOLS**

220 Central Street • Hingham, Massachusetts 02043 781-741-1500 VOICE • 781-749-7457 FAX

## CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

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

The Hingham 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 Hingham 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 Hingham Public Schools with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: The Hingham Public Schools may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that the Hingham 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 Page 2 of this Acknowledgement Form is true and accurate.

		•	
SIGNATURE	 DATE	No. 100 100 100 100 100 100 100 100 100 10	

	•		School:	School:			
		Position:					
Last Name	First Name	Middle Nan	ne.	Suffix			
Dast I valle	e not ivanic	Whethe I van		·			
Maiden Name (or oth	er name(s) by which you l	nave been known)					
Date of Birth		Place of Bir	th				
Last <u>Six</u> Digits of you	r Social Security Number:						
Driver's License or II	Number:	Stat	te of Issue:				
Mother's Full Name (	including Maiden Name)	Fat	her's Full Name	•			
Current Address:							
Street Number & Nar	me City/	Town	State	Zip			
Former Address:							
Street Number & Nar	ne City/	Town	State	Zip			
FOR INTERNA	L USE ONLY:						
The above informatio	n was verified by reviewin	ng the following form(s)	of government issue	ed identification:			
Management							
VERIFIED BY:		-					
•	Name of Verifying En	oployee (Please Print)	•				
•	Signature of Verifying	Employee		<del></del>			
	Digitalance of Activities	- yu					