

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 DCJS. I hereby acknowledge and provide permission to The Medford Public Schools to submit a CORI check for my information to the DCJS. 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-Chaperone-Intern-Volunteer-Contractor)

****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)