



Winchester Public Schools

40 Samoset Road
Winchester, MA 01890
Phone: 781-721-7000
Fax: 781-721-0016

CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

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

The **WINCHESTER PUBLIC SCHOOL SYSTEM** 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 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 the **WINCHESTER PUBLIC SCHOOL SYSTEM** 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 **WINCHESTER PUBLIC SCHOOL SYSTEM** with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: The **WINCHESTER PUBLIC SCHOOL SYSTEM** may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that **WINCHESTER PUBLIC SCHOOL SYSTEM** 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 _____

Please complete information required on reverse side / next page...

Updated 8/26/13

CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

SUBJECT INFORMATION:

Last Name First Name Middle Name Suffix

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

Date of Birth

Place of Birth

Last Six Digits of Your Social Security Number: xxx - ____ - ____

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

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

Mother's Full Maiden Name

Father's Full Name

Current and Former Addresses:

Street Number & Name City/Town State Zip

Street Number & Name City/Town State Zip

Below For Office Use Only:

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

School of Prospective Employee/Volunteer: Lynch Elementary School

Check One: ☐ Employee – applicant ☐ Employee – current ☐ Sub-Contractor
☐ Volunteer/Intern – applicant ☐ Volunteer/Intern - current

VERIFIED BY: Christine Leonard

Name of Verifying Employee (Please Print)

Signature of Verifying Employee