Braintree Public Schools • 348 Pond Street Braintree MA 02184

CORI Acknowledgement and Application

Please list all of your BPS students' names and schools:

*Name:*_____ *School:*_____

*Name:*_____ *School:*_____

*Name:*_____ *School:*_____

Subject Information (Please Print):

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 **Volunteer** Reason for CORI

Last Six Digits of Your Social Security Number (Required): X X X - __ __ - __ __ __ __

Sex: _____Height: __ft. __in. Eye Color: _____Driver's License / ID #: _____State of Issue: _____

Mother's Full Maiden Name Father's Full Name

Current Address: Street Number & Name City/Town State Zip

Former Address: Street Number & Name City/Town State Zip

The above information was verified In-Person by reviewing one of the following government issued identification(s) (please provide a copy):

Driver's License____ Passport ____ US Military ID _____ Native American Tribal Document ____

Administration Use Only:

Verified By: _____

Name of Verifying Employee (Please Print)

_____

Signature of Verifying Employee

Criminal Offender Record Information (CORI) Acknowledgment Form

To be used by organizations conducting CORI checks for employment, volunteer, subcontractor, licensing, and housing purposes

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

For employment, volunteer, and licensing purposes only: The Braintree Public Schools may conduct subsequent CORI checks within one year of the date this form was signed by me provided, however, that Braintree 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 Date