



Easton Public Schools
50 Oliver Street
P.O Box 359
North Easton, MA 02356-0359
Tele 508.230.3200 Fax 508.238.3563

**CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM**

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

Easton 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 Easton Public Schools to submit a CORI check for my information to the DCJIS. I may withdraw this authorization at any time by providing Easton Public Schools written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER AND LICENSING PURPOSES ONLY:

The Easton Public Schools may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that Easton 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

Company Name (if applicable)

Criminal Offender Record Information (CORI) Acknowledgement Form

Position:

School/Location:

- Easton Public School Employee
- Volunteer (parent volunteer, volunteer coach, college students doing classroom observations)
- Substitute
- Easton Public School – Athletic Coach
- Sub-Contractor
- Other: (specify below)

- Center School
- Moreau Hall Elementary
- Parkview Elementary
- Richardson Olmsted School
- Easton Middle School
- Oliver Ames High School
- Other: (specify below)

Last Name	First Name	Middle Name	Suffix
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Maiden Name (or other name(s) by which you have been known)	Phone
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XXX - -

Date of Birth, mm/dd/yyyy	Place of Birth	Last Six Digits of Your Social Security Number
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Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Height	ft	in	Eye Color	Race
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Driver's License or ID Number	State of Issue
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Mother's Full Maiden Name	Father's Full Name
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Current Address

Street Number & Name	City/Town	State	Zip
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Former Address

Street Number & Name	City/Town	State	Zip
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Easton Public School use only. The above information was verified by reviewing the following form(s) of government-issued identification:
David C. Twombly
Name of Verifying Employee (Please Print) Signature of Verifying Employee