CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

ARLINGTON PUBLIC SCHOOLS is registered under the provisions of MGL 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 ARLINGTON 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 ARLINGTON PUBLIC SCHOOLS with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: The ARLINGTON PUBLIC SCHOOLS may conduct subsequent CORI checks within one year of the date this form was signed by me provided, however, that ARLINGTON 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

An Equal Opportunity School System with a High Commitment to Diversity
School: ________________    Please check one of the following:

New Employee  ___
Current Employee   ___
Volunteer   ___

SUBJECT INFORMATION:

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Suffix</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Place of Birth</th>
</tr>
</thead>
</table>

Last Six Digits of Your Social Security Number:    _____ - ________________

Sex: _____     Height: ___ ft. ___ in.   Eye Color: ___________     Race: _______________

Driver’s License or ID Number: ____________________ _____________   State of Issue: ___

Mother’s Maiden Name    Father’s Full Name

Current and Former Addresses:

<table>
<thead>
<tr>
<th>Street Number &amp; Name</th>
<th>City/Town</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Number &amp; Name</td>
<td>City/Town</td>
<td>State</td>
<td>Zip</td>
</tr>
</tbody>
</table>

For Office Use:

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

____________________________________________________________________
____________________________________________________________________

VERIFIED BY:

Name of Verifying Employee (Please Print)

_______________________________________________________
Signature of Verifying Employee