

Office of the Superintendent Arlington High School P.O. Box 167 869 Massachusetts Avenue

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## 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						
o.g. atta	24.0						

An Equal Opportunity School System with a High Commitment to Diversity

School:	Please check one of the following:					
		New Employee Current Employee Volunteer				
SUBJECT IN	FORMATION:					
Last Name		First Name	Middle	Name	Suffix	
Maiden Name	e (or other name	e(s) by which y	ou have been kr	nown)		
Date of Birth			Place o	f Birth		
Last Six Digit	s of Your Social	Security Num	ber:			
Sex:	Height:	ft in.	. Eye Color:		Race:	
Driver's License or ID Number:				State of I	ssue:	
Mother's Maio	den Name		Father's Full N	ame		·
Current and F	Former Address	es:				
Street Number	er & Name		City/Town		State	Zip
Street Number	er & Name		City/Town		State	Zip
For Office Use:						
The above info	rmation was veri	fied by reviewin	ng the following fo	orm(s) of go	vernment issue	d
					·	
VERIFIED BY:						
·	Name of Verifyi	ng Employee (P	lease Print)		<del></del>	
	Signature of Ve	rifying Employe	e		<del></del>	