

# Woburn Public Schools



## Criminal Offender Record Information (CORI) Acknowledgement Form

Woburn 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, and volunteers. As a prospective or current employee/volunteer for the position of \_\_\_\_\_, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to Woburn 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 Woburn Public Schools with written notice of my intent to withdraw consent to a CORI check. The Woburn Public Schools may conduct subsequent CORI checks within one year of the date this Form was signed by me, provided, however, that Woburn Public Schools must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and affirm that the information provided on this Acknowledgement Form is true and accurate.

\_\_\_\_\_  
Signature of CORI Subject

\_\_\_\_\_  
Date

.....  
\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE NAME

\_\_\_\_\_  
SUFFIX (Jr.)

\_\_\_\_\_  
FORMER LAST NAME(S)

\_\_\_\_\_  
PLACE OF BIRTH

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
LAST SIX DIGITS OF SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
CURRENT ADDRESS

\_\_\_\_\_  
STREET ADDRESS:

\_\_\_\_\_  
APT # or SUITE:

\_\_\_\_\_  
CITY:

\_\_\_\_\_  
STATE:

\_\_\_\_\_  
ZIP:

\*\*\*\*\*  
**SUBJECT VERIFICATION**

The above information was verified by reviewing the following form(s) of government-issued identification: **PLEASE ATTACH COPY OF ID**

STATE DRIVER'S LICENSE NUMBER: \_\_\_\_\_ OR OTHER: \_\_\_\_\_

\_\_\_\_\_  
VERIFIED BY:

\_\_\_\_\_  
SCHOOL:

.....  
**ADMINISTRATION USE ONLY**

\_\_\_\_\_  
SIGNATURE OF CORI AUTHORIZED EMPLOYEE:

12/2017 form