



Human Resources Department
Central Office
1550 Main Street
P.O. Box 1410
Springfield, MA
01103-1410
Telephone: 413.787.7100, Ext. 55320
Fax: 413.787.7211

SPRINGFIELD PUBLIC SCHOOLS - SPRINGFIELD, MASSACHUSETTS

CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

The Springfield Public Schools ("SPS") 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, laborers, and volunteers.

As a prospective or current employee, subcontractor, laborer, or volunteer for the position of _____, I understand that a CORI check will be submitted for my personal CORI information to the Department of Criminal Justice Information Services (DCJIS).

I hereby acknowledge and provide permission to SPS to submit a CORI check to the DCJIS. I further hereby acknowledge and authorize SPS to receive my CORI information.

This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing SPS written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT AND VOLUNTEER PURPOSES ONLY: The SPS may conduct subsequent CORI checks within one year of the date this Acknowledgement Form was signed by me, provided, however, that SPS must first provide me with written notice of any subsequent CORI check.

Please check the box below to identify how you would like a copy of your CORI to be sent to you if SPS is required to provide you with a copy:

- First Class Mail to my current address listed on page 2 of this Acknowledgement Form
- E-Mail to the following e-mail address: _____

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

SUBJECT INFORMATION

The fields marked with an asterisk (*) are required fields.

* First Name: _____ Middle Initial: _____

* Last Name: _____ Suffix (Jr., Sr., etc.): _____

Enter Maiden Name (or other names(s) by which you have been known) below

Former Name 1: _____

Former Name 2: _____

Former Name 3: _____

* Date of Birth (MM/DD/YYYY): _____ Place of Birth: _____

* Last **SIX** digits of Social Security Number: XXX - _____ - _____

Sex: _____ Height: _____ ft. _____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Father's Full Name: _____

Mother's Full Maiden Name: _____

Current Address

* Street Address: _____

Apt. # or Suite: _____ *City: _____ *State: _____ *Zip: _____

Former 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:

Verified by:

Print Name, Position, and Employer of Verifying Employee

Signature of Verifying Employee

Date