CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM

Complete and sign this CORI Acknowledgement Form and submit it along with your government-issued identification, in person, to a Central Office staff member, or to the Principal or Office Secretary in one of our school buildings. *_Denotes Required Field_

***PURPOSE OF CORI** *(check only one box below):*
Existing Employee *(renewal)*☐ **New Employee Applicant**☐ **Volunteer**☐ **Student Teacher/Intern**☐ **Subcontractor**☐

SUBJECT INFORMATION *(to be completed by Employee/Volunteer/Student Teacher/Intern/Subcontractor)* **Please print clearly:**

_____

***Last Name** ***First Name** **Middle Name** **Suffix (e.g. Jr.)**

_____

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

_____/_____/_____ _____ XXX- — — – — — — —

***Date of Birth (MM/DD/YYYY)** **Place of Birth** ***Last 6 Digits of Social Security Number**

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

_____ _____

Mother's Full Maiden Name **Father's Full Name**

***Current Address:** _____

Street Number & Name **City/Town** **State** **Zip**

OXFORD 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, and student teachers/interns. As a prospective or current employee, subcontractor, volunteer, or student teacher/intern, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to **OXFORD 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 **OXFORD PUBLIC SCHOOLS** with written notice of my intent to withdraw consent to a CORI check. For Employees and Volunteers Only: **OXFORD PUBLIC SCHOOLS** may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that **OXFORD PUBLIC SCHOOLS** must provide me with written notice of this check. By signing below, I provide my consent to a CORI check and acknowledge that the information on this Acknowledgement Form is true and accurate.

_____ _____

SIGNATURE* of Employee/Volunteer/Student Teacher/Intern/Subcontractor** ***DATE

FOR OFFICE USE ONLY

Identification Verification (to be completed by the Oxford Public Schools staff member accepting this Form). The above information was verified by reviewing the below form of valid identification. *(Birth Certificate, Social Security Card, or other form of photo identification may only be accepted if the individual does not have a valid government-issued photographic form of identification.)*

Type of Valid ID Reviewed: Driver's License☐ Other State ID☐ Passport☐ Birth Certificate☐ Social Security Card☐ Photo ID☐

Verified By: _____ _____ _____

Printed Name of Verifying Employee Signature of Verifying Employee Date