



MARBLEHEAD
PUBLIC SCHOOLS

Central Administration
9 Widger Road
Marblehead, MA 01945
phone: 781.639.3140 x10114
fax: 781.639.3149

**Criminal Offender Record Information (CORI)
Acknowledgement Form**

Marblehead 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, license applicants, current licensees or volunteers.

As a prospective or current employee, license applicant or current licensee, subcontractor, or volunteer, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to Marblehead 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 Marblehead Public Schools with written notice of my intent to withdraw consent to a CORI check.

I also understand that Marblehead Public Schools may conduct subsequent CORI checks within one year of the date this form was signed by me. 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

Location: ___ Central Admin ___ High School ___ Veterans Middle School ___ Village School

___ Glover School ___ Brown School ___ Districtwide

Position:

___ Volunteer (Coach) ___ Volunteer (fellow/intern/student teacher) ___ Volunteer (presenter/speaker)

___ Volunteer (parent/guardian for class/school) ___ Volunteer (parent/guardian for METCO Partners)

___ Chaperone (fingerprints required-refer to volunteer page for Identogo instructions)

___ Contracted Worker Ex.) custodial, driver, service provider etc

If Contractor: Name of Company _____



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**SUBJECT
INFORMATION**

Please complete this section. The fields marked with an asterisk (*) are required fields.
Please submit this form (including a copy of your license) to cori@marbleheadschoos.org

* First Name (*print*): _____ Middle Initial: _____

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

Former Last Name 1: _____

Former Last Name 2: _____

Former Last Name 3: _____

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

* Last **SIX** digits of Social Security Number: _____ -- _____ No Social Security Number

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

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

Father's Full Name: _____

Mother's Full Name: _____

CURRENT ADDRESS:

* Street Address: _____

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

Email Address: _____ Phone: _____

FOR OFFICE USE ONLY:

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

___ Driver's License ___ Passport ___ Other Photo ID

VERIFIED BY: _____

Name of Verifying Employee (Please Print)

Signature of Verifying Employee