(O) 978-779-0539

50 Mechanic Street Bolton, Massachusetts 01740

(F) 978 -779 - 5537

NARSD CH 385

CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

TO BE USED BY ORGANIZATIONS USING CONSUMER REPORTING AGENCIES TO CONDUCT CORI CHECKS FOR EMPLOYMENT, VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES

Nashoba Regional School District 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, license applicants, current licensees, and applicants for the rental or lease of housing. Nashoba Regional School District has authorized Nashoba Regional School District to submit CORI checks to the Massachusetts Department of Criminal Justice Information Services (DCJIS) on its behalf.

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 Nashoba Regional School District 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 Nashoba Regional School District with written notice of my intent to withdraw consent to a CORI check. I also understand that this form is a CORI acknowledgement form and I am entitled to additional consumer reporting disclosure forms under the Fair Credit Reporting Act. If I have not received those disclosures, I should contact Nashoba Regional School District to request this information.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: The Nashoba Regional School District on behalf of Nashoba Regional School District may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that Nashoba Regional School District 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	7						e:				D	ATE		
Location:		NRHS		FSS		Hale		Center		Luther Burbank		MRE		District
		Current Em	ploy	/ee		Applicar	nt	□ Sub	stitut	e 🛭 Volunteer	-	□ Ch	aperon	ıe
		Contractor,	, Nar	ne of Cor	npai	ıy								

I OF 2

SUBJECT INFORMATION:



(O) 978-779-0539

50 Mechanic Street Bolton, Massachusetts 01740

(F) 978 -779 - 5537

Last Name	First Name	Middle Name	Suffix				
Maid	en Name (or other name(s	s) by which you have been kn	own)				
Date of Birth	ę	PI	ace of Birth				
ast Six (6) Digits of Your Soc	ial Security Number (<u>Req</u>	uired): XXX					
Sex: He	ight:ftin.	Eye Color:	Race:				
Driver's License or	ID Number:	State of	of Issue:				
Mother's Fu	ll Maiden Name	Father's	Father's Full Name				
	Current and Fo	ormer Addresses:					
Street Number &	Name City/Tow	n State	Zip				
Street Number &	Name City/Tow	n State	Zip				
The above information wa	as verified by reviewing the	following form(s) of government	ent issued identification:				
VERIFIE	D BY:						
, BRITTE	Name of Veri	ifying Employee (Please Print	t)				
	Signature of Verifying Employee						

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