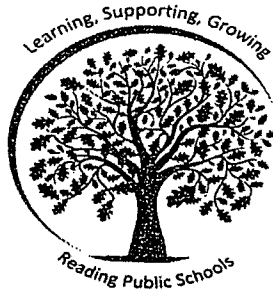


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Reading Public Schools

Instilling a joy of learning and inspiring the innovative leaders of tomorrow

Criminal Offender Record Information (CORI) Acknowledgement Form

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT, VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES

Reading 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, license applicants, current licensees, and applicants for the rental or lease of housing.

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 Reading 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 Reading Public Schools with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: The Reading Public Schools may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that Reading Public Schools 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.

Printed Name:

Signature:

Date:

Function:

School (if applicable):

Company (if vendor):

Staff Volunteer/Intern Vendor

SUBJECT INFORMATION:

Last Name **First Name** **Middle Initial** **Suffix**

FORMER LAST NAME(S):

Former Last Name 1 **Former Last Name 2** **Former Last Name 3**

Date of Birth **Last 6 digits of SSN**

Sex **Race**

FATHER'S NAME:

Last Name **First Name**

MOTHER'S NAME:

Last Name **First Name** **Maiden Name**

VERIFYING OFFICIAL:

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

Document Type **Issuing Authority**

Name of Verifying Employee: _____

Signature: _____

Date: _____

Please attach a copy of the subject's valid driver's license or other government-issued photo ID and submit to Central Office for processing via interoffice mail, email (Kristyn.cohen@reading.k12.ma.us), or fax (781-942-9149).