

***North Middlesex Regional School District***

*66 Brookline Street, Townsend, MA 01469*

*Tel: 978-597-8713 Fax: 978-597-6534*

**CRIMINAL OFFENDER RECORD INFORMATION (CORI)  
ACKNOWLEDGEMENT FORM**

North Middlesex Regional School District (the "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, and volunteers.

As a prospective or current employee, 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 the 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 the District with written notice of my intent to withdraw consent to a CORI check.

The District may conduct subsequent CORI checks within one year of the date this form was signed by me provided, however, that the 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

\_\_\_\_\_  
DATE

Please check one and provide details:

- Current Employee/Position \_\_\_\_\_
- Prospective Employee/Position \_\_\_\_\_
- Volunteer/Event \_\_\_\_\_
- Subcontractor

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## APPLICANT/EMPLOYEE INFORMATION (Please Print Clearly)

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE)

PLACE OF BIRTH – CITY, STATE

DATE OF BIRTH

  XXX   -        -  
SOCIAL SECURITY NUMBER

\*ID THEFT INDEX PIN (if applicable)

MOTHER'S MAIDEN NAME

CURRENT ADDRESS:

STREET

TOWN

STATE

ZIP

FORMER ADDRESS:

STREET

TOWN

STATE

ZIP

SEX:

HEIGHT:

FT.

IN.

RACE:

EYE COLOR:

**DRIVER'S LICENSE OR ID NUMBER:** \_\_\_\_\_ **STATE OF ISSUE:** \_\_\_\_\_

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THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION:

Document Title:

Issuing Authority:

Document #:

Expiration Date:

LOCATION:  AES  SMS  SES  VBES  NMS  HBMS  NMRHS  DISTRICT

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**NAME OF VERIFYING EMPLOYEE (PRINT)**

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**SIGNATURE OF VERIFYING EMPLOYEE (Must be signed for processing)**