



**THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services 200**
Arlington Street, Suite 2200, Chelsea, MA 02150
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MASS.GOV/CJIS



This form is not to be faxed. Please return form to organization.

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

BRIDGEWATER-RAYNHAM RSD 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, or current licensees.

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

I also understand, that **BRIDGEWATER-RAYNHAM RSD** 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 Page 2** of this Acknowledgement Form is true and accurate.

Signature of CORI Subject

Date

REQUIRED	
Name of school where you plan to work/volunteer:	What is your role in the school (please circle one):
	Full/Part-time Employee Substitute Student Observer Student Teacher Chaperone Intern Volunteer Other: _____



SUBJECT INFORMATION

PLEASE COMPLETE ALL FIELDS ON BOTH SIDES OF THIS FORM

First Name: _____ **Middle Initial:** _____

Last Name: _____ **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

Height: ____ ft. ____ in. **Eye Color:** _____ **Driver's Lic. or ID #:** _____ **State Issued:** _____

Father's Full Name: _____

Mother's Full Name: _____

Current Address:

Street Address: _____ **Apt/Unit #:** _____

City: _____ **State:** _____ **Zip:** _____

*****OFFICE USE ONLY – VERIFYING EMPLOYEE*****

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

Verified by:

_____ **Print Name** of Verifying Employee

_____ **Signature** of Verifying Employee

_____ **Date**

The mission of the Bridgewater-Raynham Regional School District is to provide excellence in education for all students in a n environment that values the individual. The Bridgewater-Raynham Regional School District does not discriminate on the basis of race, color, sex (including pregnancy and gender identity), religion, national origin, or handicap in its education or employment practices.