Cambridge Public Schools
135 Berkshire Street Cambridge, MA 02141

CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

SUBJECT INFORMATION (To be completed by Applicant/Employee/Volunteer, etc.) Please print clearly:

_____
*Last Name * First Name Middle Name Suffix (e.g. Jr.)

_____
Maiden Name (Or other name(s) by which you have been known)

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

*Last Six Digits of Your Social Security Number (required): XXX --_____--_____

_____ _____
Mother's Full Maiden Name Father's Full Name

Current and Former Addresses:

_____
Street Number & Name City/Town State Zip

_____
Street Number & Name City/Town State Zip

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

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

The Cambridge 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 licenses, 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 Cambridge 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 Cambridge Public Schools written notice of my intent to withdraw consent to a CORI check.

For Employment, Volunteer, and Licensing Purposes Only: The Cambridge Public Schools may conduct subsequent CORI checks within one year of the date this form was signed by me provided, however, that Cambridge 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 on this Acknowledgement Form is true and accurate.

_____ _____
Applicant/Employee/Volunteer Signature **Date**

Identification Verification (To be completed by the CPS staff member accepting this Form)

The above information was verified by reviewing the following form(s) of government-issued identification (e.g., photographic ID includes driver's License, passport, etc. A birth certificate or social security card may be accepted *only* if the individual does not *have a government-issued photographic form of identification*.

Type of ID Reviewed: ❑ **Driver's License** ❑ **State ID** ❑ **Passport** ❑ **Birth Certificate** ❑ **Social Security Card**

Verified By: _____ _____ _____
Name of Verifying Employee (Please Print) **Signature** **Date**

_____ _____
School/Organization **Telephone Number**

Attach photocopy of ID(s) reviewed and return this form to the Cambridge Public Schools Office of Human Resources for processing. (*Rev. 05/2012)*