



### CRIMINAL OFFENDER RECORD INFORMATION ACKNOWLEDGMENT FORM

FRAMINGHAM 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, and current licensees.

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

**FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:**

The Framingham Public Schools may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that Framingham 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.

**Non-Employee (check one)**

<input type="checkbox"/>	Parent Volunteer (You currently have a child enrolled in this school)
<input type="checkbox"/>	Parent Volunteer (Your child is enrolled in another school)
<input type="checkbox"/>	Non-Parent Volunteer
<input type="checkbox"/>	Contractor/Subcontractor
<input type="checkbox"/>	Other (please specify)

**Volunteer/Requesting Location**

**Signature**

**Date:**

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**SUBJECT INFORMATION**

Please PRINT legibly and attach a copy of a government-issued identification

Last Name	First Name
<input type="text"/>	<input type="text"/>

Maiden/Alias Name	Mother's Maiden Name
<input type="text"/>	<input type="text"/>

Date of Birth	Place of Birth:
<input type="text"/>	<input type="text"/>

Last SIX digits of Social Security Number
<input type="text"/> <input type="checkbox"/> No Social Security Number

Eye Color:	Gender:
<input type="checkbox"/> Brown <input type="checkbox"/> Green <input type="checkbox"/> Blue <input type="checkbox"/> Other	<input type="checkbox"/> Male <input type="checkbox"/> Female

Current Address
<input type="text"/>

City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Your Email	Your Telephone
<input type="text"/>	<input type="text"/>

**For School or Department Use Only**

Original form of government-issued photo ID used: <input type="checkbox"/> Driver's License/ID Card <input type="checkbox"/> Passport <input type="checkbox"/> Other
Received and verified by: _____ Name and Signature of verifying employee