



Dennis-Yarmouth Regional School District
296 Station Avenue
South Yarmouth, MA 02664
Phone (508)398-7600 Fax (508)398-7622

CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

Dennis-Yarmouth Regional School 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 Department of Criminal Justice Information Services (DCJIS). I hereby acknowledge and provide permission to Dennis-Yarmouth Regional School District (DYRSD) 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 DYRSD Human Resource Office with written notice of my intent to withdraw consent to a CORI check.

DYRSD may conduct subsequent CORI checks within one year of the date this form was signed by me, provided, however, that DYRSD must first provide me with written notice of this check.

PURPOSE FOR CORI – PLEASE CHECK ONE BOX

☐ Employee (current) ☐ Employee Applicant _____ (position applied for)
☐ Volunteer/Chaperone ☐ Student Intern/Observer ☐ Subcontractor _____ (Employer)

The fields marked with an asterisk (*) are required fields. Please print legibly in pen!

First Name _____ **Middle Initial** _____

Last Name _____ **Suffix (Jr., Sr., etc.)** _____

Former Last Name 1 _____ **Former Last Name 2** _____

Former Last Name 3 _____ **Former Last Name 4** _____

Date of Birth (MMDDYYYY) _____ **Place of Birth** _____

Last SIX digits of Social Security Number ____ -- ____

Sex _____ **Height** _____ **Eye Color** _____ **Race** _____

Driver's License or ID Number _____ **Sate of Issue** _____

Father's Full Name _____ **Mother's Full Name** _____

Current Full Address** _____ ***Current Phone Number _____

By signing below, I provide my consent to a CORI check and affirm that the information on this Acknowledgement Form is true and accurate.

***SIGNATURE OF CORI SUBJECT**

Date

For Office Use Only:

The above information was verified by reviewing the following form(s) of government issued photo identification (please check one box) and a copy of the ID is attached:

☐ **Driver's License** ☐ **Passport** ☐ **Military I.D.** ☐ **State I.D.**

NAME OF EMPLOYEE VERIFYING: _____ **VERIFYER'S SIGNATURE** _____

Revised: 10/3/18