



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.

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### 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 \_\_\_\_\_ State 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

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### 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: 11/29/2022