CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT, VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES.

HADLEY 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 licensees, 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 HADLEY 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 HADLEY PUBLIC SCHOOLS written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:
the HADLEY PUBLIC SCHOOLS may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that HADLEY 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.

______________________________
SIGNATURE

______________________________
DATE

1 OF 2
**SUBJECT INFORMATION:**

Position applying for: Teacher/Staff _____ Volunteer _____ Sub. Teacher _____ Other _____

<table>
<thead>
<tr>
<th>* Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Suffix</th>
</tr>
</thead>
</table>

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

*Date of Birth* | Place of Birth

*Last Six Digits* of your Social Security Number: XXX - ________ - ________

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

*Driver’s License or ID Number: * __________________________  State of Issue: __________

Mother’s First Name and Maiden Name | Father’s First Name and Last Name

Current and Former Addresses:

<table>
<thead>
<tr>
<th>Street Number &amp; Name</th>
<th>City/Town</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Number &amp; Name</th>
<th>City/Town</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

________________________________________________________________________

________________________________________________________________________

**VERIFIED BY:**

Name of Verifying Employee (Please Print)

____________________________________

Signature of Verifying Employee