



**THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY  
Department of Criminal Justice Information Services**  
200 Arlington Street, Suite 2200, Chelsea, MA 02150  
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973  
MASS.GOV/CJIS



**Criminal Offender Record Information (CORI)  
Acknowledgment Form**

*Hamilton-Wenham Regional School District*

To be used by organizations conducting CORI checks for employment, volunteer, subcontractor, licensing, and housing purposes.

Hamilton-Wenham Regional School District \_\_\_\_\_ is registered under the  
(Organization)

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 \_\_\_\_\_ Hamilton-Wenham Regional School District  
(Organization)

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 \_\_\_\_\_ Hamilton-Wenham Regional School District  
(Organization)

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

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

The \_\_\_\_\_ Hamilton-Wenham Regional School District \_\_\_\_\_ may conduct  
(Organization)  
subsequent CORI checks within one year of the date this Form was signed by me, provided, however, that  
\_\_\_\_\_ Hamilton-Wenham Regional School District \_\_\_\_\_, must first provide me  
(Organization)

with written notice of this check.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgment Form is true and accurate.

\_\_\_\_\_  
*Signature of CORI Subject* \_\_\_\_\_  
*Date*

**Position/Volunteer:** \_\_\_\_\_  
**School (circle one):**    BUK            CUT            WIN            MRMS            HWRHS            CENTRAL/DISTRICTWIDE  
**Phone #:** \_\_\_\_\_    **E-mail Address:** \_\_\_\_\_



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**SUBJECT INFORMATION**

Please complete this section using the information of the person whose CORI you are requesting.  
The fields marked with an asterisk (\*) are required fields.

\* Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

\* First Name: \_\_\_\_\_ Suffix (Jr., Sr., etc.): \_\_\_\_\_

Former Last Name 1: \_\_\_\_\_  
(Maiden Name)

Former Last Name 2: \_\_\_\_\_  
(Please list all Prior Last Names)

Former Last Name 3: \_\_\_\_\_

Former Last Name 4: \_\_\_\_\_

\* Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

\* Last **SIX** digits of Social Security Number: **XXX** - \_\_\_\_\_ - \_\_\_\_\_  No Social Security Number

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

**Current Address**

\* Street Address: \_\_\_\_\_

Apt. # or Suite: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

**SUBJECT VERIFICATION**

(This must be verified and signed by a District Employee)

The above information was verified by reviewing the following form(s) of government-issued identification  
(only one is needed):

\_\_\_\_\_

ID Expiration Date: \_\_\_\_\_

(This Government Issued Photo ID must be Valid)

Verified by:

\_\_\_\_\_  
*Print Name of Verifying Employee*

\_\_\_\_\_  
*Signature of Verifying Employee*

\_\_\_\_\_  
*Date*