



# SHREWSBURY PUBLIC SCHOOLS

100 Maple Avenue, Shrewsbury, MA 01545  
Tel: 508-841-8400 Fax: 508-841-8490  
schools.shrewsburyma.gov



Joseph M. Sawyer, Ed.D.  
Superintendent of Schools

Margaret M. Belsito Assistant Superintendent Student Services	Amy B. Clouter Assistant Superintendent Curriculum, Instruction, & Assessment	Christian Girardi Assistant Superintendent Finance & Operations	Barbara A. Malone Executive Director Human Resources	Jane O. Lizotte, Ed.D. Assistant Superintendent Community Partnerships & Well-Being
---------------------------------------------------------------------	-------------------------------------------------------------------------------------	-----------------------------------------------------------------------	------------------------------------------------------------	-------------------------------------------------------------------------------------------

Employee/Volunteer Information *(Please Print Clearly)*

_____	_____	_____	_____
Last Name	First Name	Middle Name	Suffix

\_\_\_\_\_

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

_____	_____	_____
Date of Birth	Place of Birth	Position <i>(e.g. volunteer, employee, coach etc.)</i>

Last Six Digits of Your Social Security Number (Required): \_\_\_\_\_ - \_\_\_\_\_

Sex: \_\_\_\_ Height: \_\_\_\_ft. \_\_\_\_in. Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_

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

_____	_____
Parent 1 Birthname	Parent 2 Birthname

Current and Former Addresses:

_____	_____	_____	_____
Street Number & Name	City/Town	State	Zip

_____	_____	_____	_____
Street Number & Name	City/Town	State	Zip

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

*The Shrewsbury Public Schools, in partnership with the community, will provide students with the skills and knowledge for the 21st century, an appreciation of our democratic tradition, and the desire to continue to learn throughout life.*

**CRIMINAL OFFENDER RECORD INFORMATION (CORI)  
ACKNOWLEDGEMENT FORM**

**Shrewsbury Public School** 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 **Shrewsbury Public School District** 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 **Shrewsbury Public School District** with written notice of my intent to withdraw consent to a CORI check.

**The Shrewsbury Public School District** may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that **Shrewsbury 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