

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

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

The Office of the Secretary of the Commonwealth, Securities Division is registered under the provisions of MASS. GEN. LAWS 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 Massachusetts DCJIS ("Department of Criminal Justice Information Services"). I hereby acknowledge and provide permission to the Office of the Secretary of the Commonwealth, Securities Division to submit a CORI check for my information to the DCJIS. This authorization is valid for one (1) year from the date of my signature. I may withdraw this authorization at any time by providing the Office of the Secretary of the Commonwealth, Securities Division written notice of my intent to withdraw consent to a CORI check.

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

The Office of the Secretary of the Commonwealth, Securities Division may conduct subsequent CORI checks within one (1) year of the date this Form was signed by me provided, however, that The Office of the Secretary of the Commonwealth, Securities Division 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 this Acknowledgement Form is true and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# SHREWSBURY PUBLIC SCHOOLS

100 Maple Avenue, Shrewsbury, MA 01545

Tel: 508-841-8400 Fax: 508-841-8490

[schools.shrewsburyma.gov](http://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

Patrick C. Collins  
Assistant Superintendent  
Finance & Operations

Barbara A. Malone  
Executive Director  
Human Resources

Jane O. Lizotte, Ed.D.  
Assistant Superintendent  
Community Partnerships & Well-Being

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*Last Name	*First Name	Middle Name	Suffix
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☐ Applicant   ☐ Employee   ☐ Volunteer   ☐ Contractor   ☐ Other

Former Last Name(s): \_\_\_\_\_

\* Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_

\* Last Six Digits of Your Social Security Number    \_\_\_\_ - \_\_\_\_

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

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

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Current Address Street Number & Name	City/Town	State	Zip
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Former Address Street Number & Name	City/Town	State	Zip
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Parent #1 Full Name: \_\_\_\_\_

Parent #2 Full Name: \_\_\_\_\_

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

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Verified by:

\_\_\_\_\_  
Name of Verifying Employee (Please Print)

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