

508-841-8400

SHREWSBURY PUBLIC SCHOOLS

100 Maple Avenue, Shrewsbury, Massachusetts 01545 www.shrewsbury-ma.gov

Fax 508-841-8490

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

Mary Beth Banios.
Assistant Superintendent

Patrick C. Collins
Assistant Superintendent for
Finance and Operations

Barbara A. MaloneDirector of Human Resources

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					



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Employee/Volun	teer Information (Pl	ease Print Clearly)			
Last Name	First N	ame	Middle Name		Suf
Maiden Name (or	r other name(s) by	which you have be	en known)		
Date of Birth	Place of Birt	h		osition .g. volunteer, emplo	yee, coach etc.)
Last Six Digits of	f Your Social Secur	rity Number (Requ	ired):		
Sex: Heigh	nt:ftin. E	Sye Color:	Race: _		
Driver's License	or ID Number:		State of	f Issue:	
Mother's Full Ma		Fa	nther's Full	Name	
Street Number &	Name	City/Town		State	Zip
Street Number &	Name	City/Town		State	Zip
The above inform identification:	nation was verified	by reviewing the t	Collowing fo	orm(s) of gov	ernment issued
VERIFIED BY:	Name of Verifying	g Employee (Please	e Print)		
	Signature of Verify	ying Employee			