

**IMPORTANT!!  
COLOR COPY  
OF  
GOVERNMENT  
ISSUED ID  
MUST BE  
ATTACHED**

**Haverhill Public Schools  
4 Summer Street Room 104  
Haverhill, MA 01830  
978-374-3400**

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

Haverhill 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, and volunteers, license applicants, or current licensees.

As a prospective or current employee, subcontractor, volunteer, license applicants, or current licensees, I understand that a CORI check will be submitted for my personal information to the Department of Criminal Justice Information Services (DCJIS). I hereby acknowledge and provide permission to Haverhill Public Schools to submit a CORI check for my information to the DJIS. The authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing Haverhill Public Schools with written notice of my intent to withdraw consent to a CORI check. I also understand, that Haverhill Public Schools may conduct subsequent CORI checks within one year of the date of this form signed by me.

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

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

**Please check one:**  **Current Employee**  **Prospective Employee**  **Subcontractor**  **Volunteer**  **Student**

**SUBJECT INFORMATION – PLEASE PRINT** **School:** \_\_\_\_\_

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

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

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

Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

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

**Last Six (6) Digits Of Social Security Number:** \_\_\_\_ \_ --- \_\_\_\_ \_

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

Driver's License Number: \_\_\_\_\_ State Of Issue: \_\_\_\_\_

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

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

The information contained above was verified by reviewing the following form of government issued photographic identification (circle one):			
Driver's License	Passport	State ID	Military ID
Verified By: _____		_____	
Print		Signature	
School/Location: _____		Date: _____	