

IMPORTANT!!!  
COPY OF  
GOVERNMENT  
ISSUED PHOTO  
ID MUST BE  
ATTACHED

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

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ATTACHED

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

The Haverhill Public Schools is registered under the provisions of M.G.L.c.6 172 to receive CORI for the purposes of screening current and otherwise qualified prospective employees, subcontractors, and volunteers.

As a prospective or current employee, subcontractor or volunteer, 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 the Haverhill Public Schools 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 the Haverhill Public Schools with written notice of my intent to withdraw consent to a CORI check.

**FOR EMPLOYMENT AND VOLUNTEER ONLY:** The Haverhill Public Schools may conduct subsequent CORI checks within one year of the date this form was signed by me provided, however, that the Haverhill 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 below is true and accurate.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

Please check  one: [ ] Current Employee [ ] Prospective Employee [ ] Subcontractor [ ] Volunteer

**SUBJECT INFORMATION: PLEASE PRINT**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Suffix

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

\_\_\_\_\_  
Date of Birth (Month, Day, Year)

\_\_\_\_\_  
Place of Birth

Last Six Digits of Your Social Security Number: XXX - \_\_\_\_\_ - \_\_\_\_\_

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

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

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

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

**Current and Former Addresses:**

\_\_\_\_\_  
Street Number and Name

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Street Number and Name

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

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

Verified by: \_\_\_\_\_  
Name of HR Employee (Please Print) Signature of Verifying HR Employee

5.2012