

MAYNARD PUBLIC SCHOOLS

3R Tiger Drive
Maynard, MA 01754
email: rgerardi@maynard.k12.ma.us

Voice: (978) 897-2222
Fax: (978) 897-4610



Robert J. Gerardi, Jr., Ph.D., Superintendent of Schools

CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

TO BE USED BY ORGANIZATIONS USING CONSUMER REPORTING AGENCIES TO CONDUCT CORI CHECKS FOR EMPLOYMENT, VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES

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

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: The **Maynard Public School District** may conduct subsequent CORI checks within one year of the date this form was signed by me provided, however, that **Maynard Public School District** 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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Last Name First Name Middle Initial Suffix

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

Date of Birth

Place of Birth

School Building/Department

Reason for Request/Position

Last (6) Six Digits of Your Social Security Number (**Required**): XXX- _____ - _____

I do not have a social security number

Sex: ____ Height: ____ft. ____in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

****Must submit a copy of driver's license or other government issued photographic ID with CORI**

Mother's FULL Maiden Name

Father's FULL Name

Current and Former Addresses:

Street Number & Name City/Town State Zip

Street Number & Name City/Town State Zip

Information below this line to be completed by a Maynard Public School CORI Authorized Representative only

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

VERIFIED BY: _____

Date Logged _____

Printed Name of Verifying Employee

Signature of Verifying Employee

Revised 11/3/2015