

Lexington Public Schools

146 Maple Street ❖ Lexington, Massachusetts 02420

CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

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

Lexington Public Schools is registered under the provisions of M.G.L. c.6, § 172 to receive CORI's 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 Department of Criminal Justice Information Services (DCJIS). I hereby acknowledge and provide permission to Lexington 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 Lexington Public Schools with written notice of my intent to withdraw consent to a CORI check.

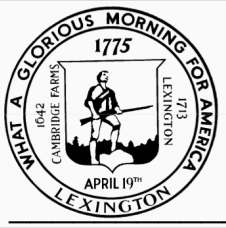
FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: The Lexington Public Schools may conduct subsequent CORI checks within one year of the date of this form was signed by me provided, however, that Lexington Public Schools must first provide me with written notice of this check.

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

Name Printed

Signature

Date



Lexington Public Schools

146 Maple Street ♦ Lexington, Massachusetts 02420

CORI REQUEST FORM

Location/School _____

___ Applicant ___ Employee ___ Volunteer ___ Student Intern ___ Other: _____

___ Contract Service/Company Name: _____

Print: Last Name _____ First Name _____ Middle Name _____ Suffix _____

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

Date of Birth _____ Place of Birth _____

Last six digits of your social security number (**REQUIRED**): XXX-_____-_____

Sex: ___ Height: ___ ft ___ in. Eye Color: _____ Race (optional): _____

Mother's Full Maiden Name _____ Father's Full Name _____

Current Street Number and Name _____ City/Town _____ State _____ Zip _____

Former Street Number and Name _____ City/Town _____ State _____ Zip _____

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

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

If No Driver's License - Other Form of Photo ID: _____

VERIFIED BY: _____
Printed Name of Verifying Employee _____ Signature: _____ Date: _____

Level 3 SORI Record Found ___ Y ___ N
Date _____ Initial _____