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

5/2012
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: ____________________________________________ Date: __________________________

Printed Name of Verifying Employee    Signature:                     Date:

Level 3 SORI Record Found ____ Y      ____ N

Date______________  Initial_____________  5/2012