

Dartmouth Public Schools

8 Bush Street, Dartmouth, MA 02748 Phone: 508-997-3391 Fax: 508-991-4184 Website: www.dartmouth.school

CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGMENT FORM

Please complete and sign the acknowledgement forms and submit, <u>in person</u>, along with your driver's license or other government issued identification.

*Denotes Required Fields

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

DARTMOUTH PUBLIC SCHOOLS is registered under the provision 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 DARTMOUTH 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 DARTMOUTH PUBLIC SCHOOLS with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: The DARTMOUTH PUBLIC SCHOOLS may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that the DARTMOUTH 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 Page 2 of this Acknowledgment Form is true and accurate.

*Signature			Date	
	*	REASON FOR CO	RI REQUEST	
□ Volunteer	□ Chaperone	□ Pre-Practicum	□ Employment Position:	_
□ Substitute (Choose one: Tea	cher, TA, Nurse, Mo	onitor, Custodian, Food Service)	
If applicable:				
School:			Child's Name:	

"Quality Education for All Learners"

The Dartmouth Public Schools, in partnership with parents and the community, will deliver challenging, standards-based instruction for all students that fosters academic, physical, social and emotional development. Utilizing data analysis to drive instruction, we will implement specific strategies to support every student to think critically, solve problems and become a responsible, contributing citizen. Our high school graduates will possess the required skills and knowledge necessary to thrive in their academic and vocational ambitions.

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*Last Name	*First Name	Middle Nar	me Suffix
Maiden Name (or other names(s) by	which you have been	known)	
*Date of Birth		Place of Birth	
Primary Phone Number		Email address	
*Last six (6) digits of your So	ocial Security Nur	nber: XXX-	
Sex: Height:	ft in	Eye Color:	Race:
Driver's License or ID Number:			
Mother's Full Maiden Name		Father's Full Name	
Current Address:			
Street Number and Name	City/Town	State	Zip
Former Address:			
Street Number and Name	City/Town	State	Zip
	OFFICE U	SE ONLY	
GOVERNMENT ISSUED	IDENTIFICATI	ON USED TO VERITY I	NFORMATION
□ Valid Driver's License		Government Issued Photo 1	dentification Card
VERIFIED BY:	Name of Verifying Em	ployee (Please Print)	
		1 - 3 (
	Signature of Veri		
	"Quality Education	for All Learners"	

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