



**THE COMMONWEALTH OF MASSACHUSETTS EXECUTIVE  
OFFICE OF PUBLIC SAFETY AND SECURITY  
Department of Criminal Justice Information Services 200**



Arlington Street, Suite 2200, Chelsea, MA 02150  
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973

MASS.GOV/CJIS

This form is not to be faxed. Please return form to Mansfield Public Schools.

**Criminal Offender Record Information (CORI)  
Acknowledgement Form**

PLEASE CHECK ONE:

**Volunteer** Reason: \_\_\_\_\_  
School: \_\_\_\_\_  
Date: \_\_\_\_\_

**Employee Position/Title:** \_\_\_\_\_  
School: \_\_\_\_\_

**ID Attached**

**New -** I did not complete a CORI previously

**Renewal -** I did complete a CORI previously

SENT BY: \_\_\_\_\_  
(Please Print)

DATE: \_\_\_\_\_

*Please send to Human Resources when complete  
6 Park Row, Mansfield, MA 02048*

To be used by organizations conducting CORI checks for employment or licensing purposes.

**Mansfield Public Schools** 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, or current licensees.

As a prospective or current employee, subcontractor, volunteer, license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to **Mansfield 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 **Mansfield Public Schools** with written notice of my intent to withdraw consent to a CORI check. I also understand, that **Mansfield Public Schools** may conduct subsequent CORI checks within one year of the date this Form was signed by me.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgment Form is true and accurate.

\_\_\_\_\_  
*Signature of CORI Subject*

\_\_\_\_\_  
*Date*

**PERSONAL INFORMATION**

Please complete this section using the information of the person whose CORI you are requesting.  
The fields marked with an asterisk (\*) are required fields.

\* First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

\* Last Name: \_\_\_\_\_ Suffix (Jr., Sr., etc.): \_\_\_\_\_

Former Last Name 1: \_\_\_\_\_

\* Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

\* Last **SIX** digits of Social Security Number: \_\_\_\_ -- \_\_\_\_  No Social Security Number

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

**Current Address**

\* Street Address: \_\_\_\_\_

Apt. # or Suite: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

**EMPLOYER VERIFICATION**

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

\_\_\_\_\_  
Verified by:

\_\_\_\_\_  
*Print Name of Verifying Employee*

\_\_\_\_\_  
*Signature of Verifying Employee*

\_\_\_\_\_  
*Date*