



Subject Information:

Last Name First Name Middle Name Suffix

Birth 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:

Sex: _____ Height: _____ Eye Color: _____ Race: _____

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

Mother's Full Birth Name

Father's Full Name

Current and Former Addresses:

Street Number & Name, City/Town, State, Zip

Street Number & Name, City/Town, State, Zip

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

Verified by:

Name of Verifying Employee (please print)

Signature of Verifying Employee

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

*To be used by an organization conducting CORI checks for employment, volunteer,
subcontractor, licensing, and housing purposes*

Harvard 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, 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 Harvard 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 Harvard Public Schools with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: The Harvard Public Schools may conduct subsequent CORI checks within one year of the date this form was signed by me provided, however, that Harvard 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 1 of this Acknowledgement Form is true and accurate.

SIGNATURE

DATE

Position with Harvard Public Schools: _____
(Staff, volunteer, coach, substitute, etc.)

*****PLEASE PROVIDE A COPY OF YOUR GOVERNMENT ISSUED IDENTIFICATION WITH
THIS FORM*****