

Superintendent of Schools Robert Mullaney

CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

Millis Public School 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 Millis Public Schools to submit a CORI check for my information to the DCJIS. This authorization is valid for three years from the date of my signature. I may withdraw this authorization at any time by providing Millis Public Schools with written notice of my intent to withdraw consent to a CORI check. FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: The Millis Public Schools may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that Millis 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 this Acknowledgement Form is true and accurate.

SIGNATURE	i	DATE		VOLUNTEER OR EMPLOYEE (PLEASE CIRCLE ONE)		
SUBJECT INFORMATION BELOW: (PLEASE PRINT CLEARLY)						
Last Name	First Name		Middle Name _	Suffix		
Maiden Name (or other name(s) by wh	ich you have been know	/n)				
Date of Birth		Place of E	Birth			
Last Six Digits of Your Social Security Number (Required):						
Sex: Height:	ft	in. Eye Color:				
Drivers License or ID Number:		State o	of Issue:			
Mother's Full Maiden Name	Father's Full Name					
Current Address:	City	State	Zip	Phone #		
(IF NOT AT THE ABOVE ADDRESS 10 YEARS OR MORE PLEASE PROVIDE ADDITIONAL INFORMATION BELOW)						
Former Address:	City	State	Zip			

Sex Offender Registry Information (SORI) Request/Acknowledgement Form

As an applicant/employee/volunteer for the post Public School District to use local and national unreasonable risk to students.	ition of Sexual Offender Regis	I authorize Millis stry Information to determine if I pose an
Last Name		First Name
Signature		Date
The above information was verified by reviewing the foll MA Driver's License		ired government issued identification:
If Volunteering please provide name of student(s)	
STUDENT(S) NAME	<u>GRADE</u>	TEACHER