



**Sex Offender Registry Information (SORI)**  
**Request/Acknowledgement Form**

As an applicant/employee/volunteer for the position of \_\_\_\_\_, I authorize Millis Public School District to use local and national Sexual Offender Registry Information to determine if I pose an unreasonable risk to students.

_____ Last Name	_____ First Name
_____ Signature	_____ Date

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

MA Driver's License       Passport       Other

If Volunteering please provide name of student(s)

<u>STUDENT(S) NAME</u>	<u>GRADE</u>	<u>TEACHER</u>
_____		
_____		