

**Cambridge Public Schools**  
159 Thorndike Street Cambridge, MA 02141

**CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM**

**SUBJECT INFORMATION (To be completed by Applicant/Employee/Volunteer, etc.) Please print clearly:**

\_\_\_\_\_  
\*Last Name                                      \* First Name                                      Middle Name                                      Suffix (e.g. Jr.)

\_\_\_\_\_  
Maiden Name (Or other name(s) by which you have been known)

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

\_\_\_\_\_  
\*Last Six Digits of Your Social Security Number (required):    XXX -- \_\_\_\_\_ -- \_\_\_\_\_

\_\_\_\_\_  
Mother's Full Maiden Name                                      Father's Full Name

**Current and Former Addresses:**

\_\_\_\_\_  
Street Number & Name                                      City/Town                                      State                                      Zip

\_\_\_\_\_  
Street Number & Name                                      City/Town                                      State                                      Zip

Sex: \_\_\_\_\_      Height: \_\_\_\_\_ ft. \_\_\_\_\_ in.      Eye Color: \_\_\_\_\_      Race: \_\_\_\_\_

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

The Cambridge 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 licenses, 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 Cambridge 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 Cambridge Public Schools written notice of my intent to withdraw consent to a CORI check.

For Employment, Volunteer, and Licensing Purposes Only: The Cambridge Public Schools may conduct subsequent CORI checks within one year of the date this form was signed by me provided, however, that Cambridge 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 on this Acknowledgement Form is true and accurate.**

\_\_\_\_\_  
**Applicant/Employee/Volunteer Signature                                      Date**

**Identification Verification (To be completed by the CPS staff member accepting this Form)**

The above information was verified by reviewing the following form(s) of government-issued identification (e.g., photographic ID includes driver's License, passport, etc. A birth certificate or social security card may be accepted *only* if the individual does not have a government-issued photographic form of identification).

Type of ID Reviewed:     Driver's License     State ID     Passport     Birth Certificate     Social Security Card

Verified By:    \_\_\_\_\_  
   Name of Verifying Employee (Please Print)                                      Signature                                      Date

\_\_\_\_\_  
School/Organization                                      Telephone Number

Attach photocopy of ID(s) reviewed and return this form to the Cambridge Public Schools Office of Human Resources for processing. (Rev. 05/2012)