COPY OF DRIVERS LICENSE / PHOTO IDENTIFICATION
MUST BE ATTACHED TO CORI FORM

Tewksbury Public Schools
139 Pleasant Street
Tewksbury, MA 01876

CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT,
VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES.

The Tewksbury 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 the Tewksbury 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 the Tewksbury Public Schools written notice of my intent
to withdraw a consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The Tewksbury Public schools may conduct subsequent CORI checks within one year of the date
this Form was signed by me provided, however, that the Tewksbury 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 2 of this Acknowledgement Form is true and accurate.

______________________________  ______________________________
SIGNATURE                                      DATE

______________________________  ______________________________
COMPANY NAME (IF APPLICABLE)                    POSITION

PAGE 1 OF 2
Tewksbury Public Schools
139 Pleasant Street
Tewksbury, MA 01876

* Last Name  * First Name  Middle  Suffix

________________________________________    ____________________________
Maiden Name (or other name(s) by which you have been known)  Home Telephone #

__________________________    ____________________________    _______________
Cell Telephone #  * Date of Birth  Place of Birth

* Last Six Digits of Your Social Security Number: ______ - ________

Sex: _______  Height: ___ ft. ___ in.  Eye Color: ___________  Race: _______

Driver’s License or ID Number: _____________________  State of Issue: __________

________________________________________    ____________________________
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

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

________________________________________

________________________________________

VERIFIED BY: ____________________________
Name of Verifying Employee (Please Print)

________________________________________
Signature of Verifying Employee

PAGE 2 OF 2