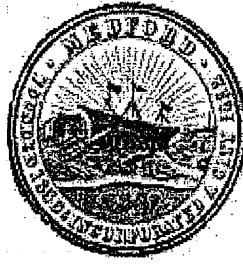


**MEDFORD PUBLIC SCHOOLS**  
489 Winthrop Street  
Medford, Massachusetts 02155  
Telephone: 781-393-2100  
Fax: 781-393-2119



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

**TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT, VOLUNTEER,  
SUBCONTRACTOR, LICENSING, AND TEMPORARY EMPLOYMENT**

The Medford 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 temporary employment.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for temporary employment, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to The Medford 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 Medford Public Schools with written notice of my intent to withdraw consent to a CORI check.

**FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:** The Medford Public Schools may conduct subsequent CORI checks within one year of the date this Form was signed by me provided; however, that the Medford Public Schools must first provide me with written notice of this check.

**ADDITIONALLY,** Please note that M.G.L. c. 71, § 38R, requires the district to obtain new CORI reports every three years during an individual's term of service with the school or district.

By signing the attached CORI form, 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.

---

**\*\*Applicant's Signature\*\***

**\*\*Email Address\*\***

**\*\*Phone Number\*\***

---

**\*\*Position Applying For\*\***

*(ie: Teacher-Chaperone-Intern-Volunteer-Contractor)*

**\*\*Location/Supervisor Name\*\***

**\*\*PLEASE NOTE IF YOU ARE A SCHOOL PARENT\*\* Circle: YES OR NO**

**If So:**

\_\_\_\_\_ **Child's Name**

\_\_\_\_\_ **Child's Teacher**

\_\_\_\_\_ **\*\*Today's Date\*\***

**Applicant's Legal Information**

**\*\*Please Print Legibly & Use Pen\*\***

\_\_\_\_\_  
 Last Name                                      First Name                                      Middle Name

\_\_\_\_\_  
 Maiden Name (or other name(s) by which you have been known)                                      **\*\* IS THIS YOUR LAST OR FIRST NAME? \*\***

\_\_\_\_\_  
 Date of Birth                                      Place of Birth

Last **Six** Digits of Your Social Security Number:    \_\_\_ - \_\_\_ - \_\_\_    **\*\*\*MUST BE FILLED OUT\*\*\***

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

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

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

**Addresses:**

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

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

**BELOW IS FOR ADMINISTRATION:**

The above information was verified, **in person**, by reviewing the following form(s) of **government issued identification** (please attach a clear copy with this form): \_\_\_\_\_

Type of Identification

**VERIFIED**

**BY ADMINISTRATOR:** \_\_\_\_\_  
 (Print Name)

\_\_\_\_\_  
 (Administrator's Signature)