



Whitman-Hanson Regional School District

OFFICE OF THE SUPERINTENDENT



610 Franklin Street
Whitman, MA 02382
Phone 781-618-7000
Fax 781-618-7099
TTY 781-618-7402
Web: www.whrsd.org

CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

The Whitman-Hanson Regional School District 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 Whitman-Hanson Regional School District 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 Whitman-Hanson Regional School District with written notice of my intent to withdraw consent to a CORI check.

The Whitman-Hanson Regional School District may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that the Whitman-Hanson Regional School District 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

DATE

PLEASE PRINT LEGIBLY:

School Building(s)/Location or /Department

Reason for Request/Position
(e.g. volunteer, teacher, coach, etc.)

Last Name

First Name

Middle Name

Date of Birth
(Required) (xx-xx-xxxx)

Last Six Digits of Social Security #
(Required) (xx-xxxx)

Gender

Prior Last Names, Maiden or Alias (if applicable)

Place of Birth (City & State)

Mother's Maiden Name

Current Address:
Number & Street, City, State, Zip Code

Phone E-Mail Address

Former Address(es) (5 yrs. prior):

Driver's License No./Issuing State

Height

Weight

Eye Color

DO NOT WRITE BELOW THIS LINE: for Official Use Only

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

MA Driver's License MA Identification Passport Other

Requested By:
Signature of WHRSO CORI Intake Rep

Approved:
Superintendent of Schools or Designee