



Human Resources Department  
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SPRINGFIELD PUBLIC SCHOOLS - SPRINGFIELD, MASSACHUSETTS

CRIMINAL OFFENDER RECORD INFORMATION (CORI) /  
SEX OFFENDER REGISTRY INFORMATION (SORI)  
ACKNOWLEDGEMENT FORM

The Springfield Public Schools ("SPS") is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI/SORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, laborers, and volunteers.

As a prospective or current employee, subcontractor, laborer, or volunteer for the position of Springfield School Volunteer at \_\_\_\_\_ school, I understand that a CORI/SORI check will be submitted for my personal CORI/SORI information to the Department of Criminal Justice Information Services (DCJIS).

I hereby acknowledge and provide permission to SPS to submit a CORI/SORI check to the DCJIS. I further hereby acknowledge and authorize SPS to receive my CORI/SORI information.

This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing SPS with written notice of my intent to withdraw consent to a CORI/SORI check.

FOR EMPLOYMENT AND VOLUNTEER PURPOSES ONLY: SPS may conduct subsequent CORI/SORI checks within one year of the date this Acknowledgement Form was signed by me, provided, however, that SPS must first provide me with written notice of any subsequent CORI/SORI check.

Please check the box below to identify how you would like a copy of your CORI to be sent to you if

SPS is required to provide you with a copy:

- First Class Mail to my current address listed on page 2 of this Acknowledgement Form  
 E-Mail to the following e-mail address: \_\_\_\_\_

***As required by the Commonwealth of Massachusetts, please submit a copy of a valid passport, driver's license or other government-issued photo ID along with this CORI form to establish proof of identity.***

By signing below, I provide my consent to a CORI/SORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature/Date

\_\_\_\_\_

SUBJECT INFORMATION

The fields marked with an asterisk (\*) are required fields.

\* First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

\* Last Name: \_\_\_\_\_ Suffix (Jr., Sr., etc.): \_\_\_\_\_

Enter Maiden Name (or other names(s) by which you have been known) below

Former Name 1: \_\_\_\_\_

Former Name 2: \_\_\_\_\_

Former Name 3: \_\_\_\_\_

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

\* Last SIX digits of Social Security Number: XXX - \_\_\_\_\_ (If you do not have a SSN, enter 00 - 0000)

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

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

Father's Full Name: \_\_\_\_\_

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

Current Address

\* Street Address: \_\_\_\_\_

Apt. # or Suite: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

Former Address

\* Street Address: \_\_\_\_\_

Apt. # or Suite: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

TO BE COMPLETED BY SSV

SUBJECT VERIFICATION

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

\_\_\_\_\_  
Verified by:

\_\_\_\_\_  
Print Name, Position, and Employer of Verifying Employee

\_\_\_\_\_  
Signature of Verifying Employee / Date