



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 **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: _____

Phone _____ Email address _____

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