



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 for the purpose of screening current and otherwise qualified prospective employees, subcontractors, laborers, and volunteers.

As a prospective or current volunteer **[Please enter preferred school(s) and/or volunteer assignment]**, I understand that a CORI 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 check to the DCJIS. I further hereby acknowledge and authorize SPS to receive my CORI.

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 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 check.

As a member of the general public, SPS has access to SORI under the provisions of M.G.L. c.6 178C to 178P. I also understand and acknowledge that SPS will check the Sex Offender Registry Board (SORB) website to confirm that I am not classified by SORB as a level 3 sex offender or as a level 2 sex offender.

As required by the Commonwealth of MA, please submit a copy of your valid, government-issued photo ID (e.g., passport, driver's license, State ID) along with this form to establish proof of identity.

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: _____

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 - _____ - _____

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: _____

Phone (c) _____ Phone (h) _____

Email Address: _____

SUBJECT VERIFICATION *** DO NOT WRITE BELOW THIS LINE***

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