



SHREWSBURY PUBLIC SCHOOLS

100 Maple Avenue, Shrewsbury, Massachusetts 01545

www.shrewsbury-ma.gov

Fax 508-841-8490

508-841-8400

Joseph M. Sawyer, Ed.D.
Superintendent of Schools

Mary Beth Banios.
Assistant Superintendent

Patrick C. Collins
Assistant Superintendent for
Finance and Operations

Barbara A. Malone
Director of Human Resources

CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

Shrewsbury Public School 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 **Shrewsbury Public 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 **Shrewsbury Public School District** with written notice of my intent to withdraw consent to a CORI check.

The Shrewsbury Public School District may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that **Shrewsbury Public Schools** 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 Page 2 of this Acknowledgement Form is true and accurate.

SIGNATURE

DATE



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Employee/Volunteer Information *(Please Print Clearly)*

Last Name First Name Middle Name Suffix

Maiden Name (or other name(s) by which you have been known)

Date of Birth Place of Birth Position
(e.g. volunteer, employee, coach etc.)

Last Six Digits of Your Social Security Number (Required): _____ - _____

Sex: ____ Height: ____ft. ____in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Mother's Full Maiden Name Father's Full Name

Current and Former Addresses:

Street Number & Name City/Town State Zip

Street Number & Name City/Town State Zip

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

VERIFIED BY: _____
Name of Verifying Employee (Please Print)

Signature of Verifying Employee