



NASHOBA

Regional School District

(O) 978-779-0539
Michael L. Wood
Superintendent

50 Mechanic Street Bolton, Massachusetts 01740

(F) 978-779-5537
George P. King
Assistant Superintendent

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CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

TO BE USED BY ORGANIZATIONS USING CONSUMER REPORTING AGENCIES TO CONDUCT CORI CHECKS FOR EMPLOYMENT, VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES

Nashoba 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. **Nashoba Regional School District** has authorized **Nashoba Regional School District** to submit CORI checks to the Massachusetts Department of Criminal Justice Information Services (DCJIS) on its behalf.

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 **Nashoba 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 **Nashoba Regional School District** with written notice of my intent to withdraw consent to a CORI check. I also understand that this form is a CORI acknowledgement form and I am entitled to additional consumer reporting disclosure forms under the Fair Credit Reporting Act. If I have not received those disclosures, I should contact **Nashoba Regional School District** to request this information.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: The **Nashoba Regional School District** on behalf of **Nashoba Regional School District** may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that **Nashoba 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 Page 2 of this Acknowledgement Form is true and accurate.

SIGNATURE

DATE

Location: NRHS FSS Hale Center/Pompo Luther Burbank MRE District

Applicant Substitute Volunteer Chaperone Contractor, Name of Company _____

“To educate all students to their fullest potential.”

Bill Cleary
Director
Facilities Manager

Monica Visco
Director
Human Resources

Tracy Conte
Director
Special Education



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SUBJECT INFORMATION:

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

Last Six (6) Digits of Your Social Security Number (Required): XXX - ____ - ____ - ____ - ____ - ____

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

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