

**NEWTON PUBLIC SCHOOLS**  
**Criminal Offender Record Information (CORI) Acknowledgement Form**

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT,  
VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES

**City of Newton – Newton Public Schools (NPS)** 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 **NPS** 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 **NPS** with written notice of my intent to withdraw consent to a CORI check.

**FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:** The **NPS** may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that **NPS** 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 below this Acknowledgement Form is true and accurate.

\_\_\_\_\_  
SIGNATURE DATE

**SUBJECT INFORMATION**

\* Please be aware that if any information is incomplete this CORI can not be processed.

\_\_\_\_\_  
School/Location: Specify: Present or Desired Position with NPS Volunteer (Yes or No)

Name: \_\_\_\_\_  
First Middle Last Suffix

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

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Social Security No. \_\_\_\_\_

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

Father's name: Last: \_\_\_\_\_ First: \_\_\_\_\_

Mother's Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Maiden: \_\_\_\_\_

**Current** Address: No. & Name, City/Town, State Zip: \_\_\_\_\_

**Former** Address: No. & Name, City/Town, State Zip: \_\_\_\_\_

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

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

VERIFIED BY: \_\_\_\_\_  
Name of NPS Verifying Employee (Please Print) Signature of Verifying Employee