

Newton Public Schools



CORI/SORI FORMS FOR PARENT VOLUNTEERS/CHAPERONES

All parents who wish to volunteer in schools or chaperone field trips must complete CORI and SORI forms (attached). The completed forms must be presented in person to the school office with a government issued photo ID. The CORI/SORI is valid for three (3) school years and the process takes approximately one week to complete.

It is recommended that forms be completed at the beginning of the school year to ensure that you have an active Newton CORI/SORI on file in the event you would like to volunteer or chaperone a field trip during the year. Unfortunately, last minute requests to process CORI/SORI information may not be honored due to the time required to complete the check which may exclude your participation in an event.

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: _____

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

**COMMONWEALTH OF MASSACHUSETTS
SEX OFFENDER REGISTRY BOARD
REQUEST FOR SEX OFFENDER REGISTRY INFORMATION**

Please check appropriate box: I am a School Volunteer/Contractor:

I am a School Employee/Applicant:

Name (PLEASE PRINT): _____

School/Location: _____ Date of birth: _____ Telephone No: _____

Address: _____

Personal identifying characteristics:

Gender: _____ Race: _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Optional information (e.g. license plate number, parents' names, etc.):

Signature: _____ Date: _____

*******WARNING*******

SEX OFFENDER REGISTRY INFORMATION SHALL NOT BE USED TO COMMIT A CRIME OR TO ENGAGE IN ILLEGAL DISCRIMINATION OR HARASSMENT OF AN OFFENDER. ANY PERSON WHO USES INFORMATION DISCLOSED PURSUANT TO M.G.L. C. 6, §§ 178C – 178P FOR SUCH PURPOSES SHALL BE PUNISHED BY NOT MORE THAN TWO AND ONE HALF (2 ½) YEARS IN A HOUSE OF CORRECTION OR BY A FINE OF NOT MORE THAN ONE THOUSAND DOLLARS (\$1000.00) OR BOTH (M.G.L. C. 6, § 178N). IN ADDITION, ANY PERSON WHO USES REGISTRY INFORMATION TO THREATEN TO COMMIT A CRIME MAY BE PUNISHED BY A FINE OF NOT MORE THAN ONE HUNDRED DOLLARS (\$100.00) OR BY IMPRISONMENT FOR NOT MORE THAN SIX (6) MONTHS (M.G.L. C. 275, § 4).

All requests for sex offender information must be made on this form and mailed to the Sex Offender Registry Board, Attn: SORI Coordinator, P.O. Box 4547, Salem, MA 01970, along with a self-addressed stamped envelope.

I hereby request that the following information be used to determine whether the identified individual is a sex offender required to register in Massachusetts.

The Board will provide a report that includes the following information: whether the person identified is a sex offender with an obligation to register, the offense(s) for which the offender was convicted or adjudicated, and the date(s) of the conviction(s) or adjudication(s). Please be advised that the law only permits the public to receive information on sex offenders required to register and finally classified by the Board as a level 2 (moderate risk) or level 3 (high risk) offender. Therefore, information is not available to the public if the identified individual is a level 1 (low risk) offender or if he/she has not yet been finally classified by the Board. All requests shall be recorded and kept confidential, except to assist or defend in a criminal prosecution.

Requestor's name: Heather A. Richards

Address: Newton Public Schools, 100 Walnut Street, Newton, MA 02460

Telephone number: 617-559-6005

I swear under the pains and penalties of perjury that I am the above-named person, at least 18 years of age, and I am requesting information for my own protection, the protection of a child under 18 years of age, or for the protection of another person for whom I have responsibility, care or custody.

Requestor's signature: _____ **Date:** _____