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SANDWICH PUBLIC SCHOOLS

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CRIMINAL OFFENDER RECORD INFORMATION (CORI) AND SEXUAL OFFENDER REGISTRY INFORMATION (SORI) ACKNOWLEDGEMENT FORM

The Sandwich Public School District is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI/SORI 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/SORI check will be submitted for my personal information to the Department of Criminal Information Justice Services (DCIJS). I hereby acknowledge and provide permission to the Sandwich Public Schools to submit a CORI/SORI check for my information to the DCIJS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Sandwich Public Schools with written notice of my intent to withdraw consent to a CORI/SORI check.

FOR EMPLOYMENT, VOLUNTEER AND LICENSING PURPOSES ONLY:

The Sandwich Public Schools may conduct subsequent CORI/SORI checks within one year of the date this Form was signed by me provided, however, that the Sandwich Public Schools must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI/SORI check and acknowledge that the information provided on this Acknowledgement Form is true and accurate.

_____ _____

SIGNATURE DATE

PLEASE COMPLETE THE ENTIRE APPLICATION LEGIBLY: All information must be complete to process

_____ _____

Reason for Request (e.g. Volunteer, coach, employee) School Building(s) or Location/Dept

_____ _____ _____

Last Name First Name Middle Initial

_____ _____ _____

Former Last Name 1 Former Last Name 2 Former Last Name 3

__-__-____ ____-____ _____

Date of Birth (MM-DD-YYYY) Last 6 digits of Social Security # Gender

_____ _____ _____

Mother's Full Name Mother's Maiden Name Father's Full Name

Current Physical Address: _____

Street Address Town State Zip

*Mailing Address (If Different): _____

Street or PO Box Town State Zip

*If your CORI/SORI has findings, your report will be mailed to your address listed here.

_____ _____ _____

Driver's License # & Issuing State Height Eye Color

****

Information below to be completed by the District or Supervising Contractor if not a District Employee The above information was verified by reviewing the following form of non-expired government issued photographic identification.

___ MA Driver's License ____MA Identification ___Passport ____Other

Signature of Verifying Supervisor_____ Submittted to DCJIS by:_____

SANDWICH PUBLIC SCHOOLS IS AN EQUAL OPPORTUNITY EMPLOYER

The Sandwich Public Schools does not discriminate on the basis of race, color, sex, gender identity, religion, National origin, sexual orientation, disability, or homelessness.