



## Marblehead Community Charter Public School

17 Lime Street, Marblehead, MA 01945

Tel: 781-631-0777 Fax: 781-631-0500

Web: [marbleheadcharter.org](http://marbleheadcharter.org)

### CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT, VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES

Marblehead Community Charter 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, and volunteers.

As a prospective or current employee, subcontractor, or volunteer, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to Marblehead Community Charter Public School 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 Marblehead Community Charter Public School with written notice of my intent to withdraw consent to a CORI check.

**FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:** The Marblehead Community Charter Public School may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that Marblehead Community Charter Public School 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

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 Digits of Your Social Security Number (Requested, not 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