Lowell Public Schools, Lowell MA

CRIMINAL OFFENDER RECORD INFORMATION (CORI)

ACKNOWLEDGEMENT FORM

Lowell Public Schools is registered under the provisions of M.G.L. c.6, & 172 to received CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers. As a prospective or current employee, subcontractor, volunteer, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to Lowell Public Schools to submit a CORI check for my information to the DCJIS. This authorization is valid for the current school year. By signing below, I provide my consent to a CORI check and acknowledge that the information provided below is true and accurate.

_____ _____

Signature **Date**

SCHOOL: _____

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

_____

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 #**

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 and Name **City/Town** **State** **Zip**

_____

Street Number and Name **City/Town** **State** **Zip**

THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION

A **legible** copy of this ID must be sent to Personnel to be placed on file.

Copy ID Here

Verified By: Karen Joslyn, Personnel Office
Name of Verifying Employee (Please Print and Sign)

Form amended on 05/2012