

**SUBJECT INFORMATION: (An asterisk (\*) denotes a required field.)**

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

\* **Former Last Names:** \_\_\_\_\_

\* **Date of Birth:** \_\_\_\_\_ \* **Last SIX (6) Digits of Social Security Number:** \_\_\_\_\_

**Sex:** \_\_\_\_\_ **Race:** \_\_\_\_\_

**Father's Full Name:** \_\_\_\_\_  
\* Last Name \* First Name

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

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

**Place of Birth:** \_\_\_\_\_ **Height:** \_\_\_\_ft. \_\_\_\_in. **Eye Color:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_  
\* Number & Street  
\_\_\_\_\_  
\* City-Town \* State \* Zip Code

**Former Address:** \_\_\_\_\_  
\* Number & Street  
\_\_\_\_\_  
\* City-Town \* State \* Zip Code

**Email Address:** \_\_\_\_\_  
\_\_\_\_\_

The above information was verified by reviewing the following form of government-issued identification:

\_\_\_\_\_

**VERIFIED BY:** \_\_\_\_\_  
Name of Authorized CORI Representative

\_\_\_\_\_  
Signature of Authorized CORI Representative

**CRIMINAL OFFENDER RECORD INFORMATION (CORI)  
ACKNOWLEDGEMENT FORM**

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

Fairhaven Public Schools 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 Fairhaven Public Schools 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 Fairhaven Public Schools written notice of my intent to withdraw consent to a CORI check.

**FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:**

The Fairhaven Public Schools may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that Fairhaven Public Schools 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