Marshfield Public Schools

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CORI ACKNOWLEDGEMENT FORM

Marshfield 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, student teachers, interns, classroom observers.

As a current or otherwise qualified prospective employee, subcontractor, volunteer, student teacher, intern, classroom observer, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to Marshfield 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 Marshfield Public Schools with written notice of my intent to withdraw consent to a CORI check.
The Marshfield Public Schools may conduct subsequent CORI checks within one year of the date this form was signed by me.

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

Signature of CORI Subject: _____ **Date:** _____

☐ **Current Employee, Position** _____ ☐ **Job Applicant** ☐ **Substitute** ☐ **Student Teacher/Intern**

☐ **Classroom Observer** ☐ **Volunteer/Chaperone** ☐ **Walking Track** ☐ **Other** _____

School: ☐ **DWS** ☐ **EWS** ☐ **GWS** ☐ **MES** ☐ **SRS** ☐ **FBMS** ☐ **MHS** ☐ **District-Wide**

The fields marked with an asterisk (*) are required fields

_____ _____ _____
***** Last Name ***** First Name Middle Name

_____ _____ _____
Maiden Name (and/or other name(s) by which you have been known) ***** Date of Birth (mm/dd/yyyy) Place of Birth

_____
Mother's Name (First Maiden Last) Father's Name (First Last)

* **Last Six Digits of Your Social Security Number**: ___ ___ - ___ ___ ___ ___ Sex: _____ Race: _____

Current Address:

_____
Street # and Name City/Town State Zip

Please note that a government issued form of identification (Driver's License, Passport) must be presented in person when submitting this form.

Marshfield Public Schools Use Only

Driver's License # _____ **State** _____ **or US Passport #** _____

VERIFIED BY: _____ _____ _____
Name of Verifying Employee (Please Print) Title Signature of Verifying Employee

7/17/2024

Marshfield Public School District is an Equal Opportunity/Affirmative Action employer. Marshfield Public School District does not discriminate on the basis of race, color, religion, national origin, gender, gender identity, sex, sexual orientation, disability, homelessness, or age in programs, activities, or employment.