

KATHRYN ROBERTS, SUPERINTENDENT ADMINISTRATION BUILDING | 220 CENTRAL STREET HINGHAM, MA 02043 | (781) 741-1500

CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

To be used by organizations conducting CORI checks for employment, volunteer, subcontractor, licensing, and temporary employment

The Hingham 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 licenses, and applicants for temporary employment.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for temporary employment, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to The Hingham 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 the Hingham Public Schools with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: The Hingham Public Schools may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that the Hingham Public Schools must first provide me with written notice of the 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		



Criminal Offender Record Information (CORI) PERSONAL REQUEST FORM

DATE:		ADMIN ASST PLEASE COMPLETE, IF APPL:	
SCHOOL:		Student Name	
REQUIRED INFORMATION (PLEASE PRINT) The Hingham Public Schools has been certified by the including conviction, non-conviction and pending. As description below], I understand that a criminal case pending criminal case information only; and that it will of my knowledge.	an applicant/employe e information check w	ee/volunteer [check appropriate box and fill in	
□ Current employee □ Candidate for employment	□ Volunteer		
□ Contractor/Subcontractor: COMPANY NAME			
LAST NAME	FIRST NAME	MIDDLE NAME	
MAIDEN NAME OR ALIAS (IF APPLICABLE)	PLA	ACE OF BIRTH	
DATE OF BIRTH (mm/dd/yyyy) SOC SECURITY NUMBER (Last 6 digits required) APPLICANT'S MOTHER'S MAIDEN NAME			
ADDRESS:			
I hereby authorize a review of my application material by any individual or group of individuals in the applicant, student teacher, intern, volunteer selection process. I hereby affirm that all information supplied by me in support of my candidacy is true and complete. I certify that I have never been convicted of a criminal offense. Further, I certify that I have never been arrested for any offense involving sexual misconduct or moral turpitude. I understand that if employed, falsified statements, as part of my application, shall be considered sufficient cause for dismissal. I hereby release and hold harmless the Hingham Public Schools and any providers of information about me from any liability, which may result.			
SIGNATURE		DATE	
PLEASE NOTE THAT YOUR DRIVER'S LICENSE OR US PASSPORT MUST BE SUBMITTED BY YOU IN PERSON WITH THIS FORM. TO BE COMPLETED BY THE SCHOOL DEPARTMENT DESIGNEE: THE INFORMATION ABOVE WAS VERIFIED BY			
REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION:			
DRIVER'S LICENSE #	and STATE		
or US PASSPORT #			

Signature - HPS CORI-authorized employee