NEWTON PUBLIC SCHOOLS Criminal Offender Record Information (CORI) Acknowledgement Form

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

City of Newton – Newton Public Schools (NPS) 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 NPS 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 NPS with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: The NPS may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that NPS 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 below this Acknowledgement Form is true and accurate. **SIGNATURE** DATE SUBJECT INFORMATION * Please be aware that if any information is incomplete this CORI can not be processed. Newton Community Ed **Volunteer** – Newton Comm Boys Basketball Program School/Location: Specify: Present or Desired Position with NPS Volunteer (Yes or No) Name: Middle Last Suffix Maiden Name (or other name(s) by which you have been known): Place of Birth: Date of Birth: Social Security No. Eye Color Gender: Race: First: Father's name: Last: First: Maiden: Mother's Name: Last: Current Address: No. & Name, City/Town, State Zip: Former Address: No. & Name, City/Town, State Zip: Driver's License or ID Number: Telephone # *************** The above information was verified by reviewing the following form(s) of government issued identification (attached): VERIFIED BY: Name of NPS Verifying Employee (Please Print) Signature of Verifying Employee

9/11/13