

LYNNFIELD PUBLIC SCHOOLS



KRISTEN S. VOGEL, SUPERINTENDENT
525 SALEM STREET, LYNNFIELD, MA 01940-1789
TEL: (781) 334-9200 FAX: (781) 581-5231 EMAIL: VOGELK@LYNNFIELD.K12.MA.US

Criminal Offender Record Information (CORI) Acknowledgement Form

Lynnfield Public Schools is registered under the provisions of M.G.L. C.6, p.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 for the Lynnfield Public Schools to submit a CORI Check for my information to the DCJIS. This authorization is valid for for one year from the date of my signature. I may withdraw this authorization at any time by providing written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: The Lynnfield 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 my CORI request form is true and accurate.

*Printed name: _____

*Signature: _____

*Date: _____

*Function: Employee Fellow/Intern Vendor Volunteer

*Job Title: (if employee) _____

*School(s) child(ren) attend: Preschool HHS SSS LMS LHS

*Company (if vendor): _____

CORI REQUEST FORM

SUBJECT INFORMATION - Please print clearly The fields marked with an asterisk (*) are required.

* _____

*Last name

* _____

*First Name

* _____

*Middle Initial

* _____

*Suffix

* _____

*Former Last Name 1

* _____

*Former Last Name 2

* _____

*Former Last Name 3

* ____/____/____

*Date of Birth (MM/DD/YYYY)

* ____--____

*Last 6 digits of SSN

____M____F

Sex

Race

* Street Address: _____

Former Street Address: _____

FATHER'S NAME

Last Name

First Name

MOTHER'S NAME

Last Name

First Name

Maiden Name

VERIFYING OFFICIAL:

The above information was verified by reviewing the following form(s) of **government-issued photographic identification**:

Document Type

Printed Name of Verifying Employee: _____

Signature: _____

Date: _____

Please attach a copy of the subject's valid driver's license or other government-issued photo ID and submit to Central Office for processing via interoffice mail.