



# HINGHAM PUBLIC SCHOOLS

220 Central Street • Hingham, Massachusetts 02043  
781-741-1500 VOICE • 781-749-7457 FAX

## 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 licensees, 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 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

(OVER)

School: \_\_\_\_\_

Position: \_\_\_\_\_

**SUBJECT INFORMATION:**

\_\_\_\_\_  
Last Name                      First Name                      Middle Name                      Suffix

\_\_\_\_\_  
Maiden Name (or other name(s) by which you have been known)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Place of Birth

Last **Six** Digits of your Social Security Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Driver's License or ID Number: \_\_\_\_\_

State of Issue: \_\_\_\_\_

\_\_\_\_\_  
Mother's Full Maiden Name

\_\_\_\_\_  
Father's Full Name

**Current Address:**

\_\_\_\_\_  
Street Number & Name                      City/Town                      State                      Zip

**Former Address:**

\_\_\_\_\_  
Street Number & Name                      City/Town                      State                      Zip

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**FOR INTERNAL USE ONLY:**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VERIFIED BY: \_\_\_\_\_  
Name of Verifying Employee (Please Print)

\_\_\_\_\_  
Signature of Verifying Employee