



THE PUBLIC SCHOOLS OF BROOKLINE
BROOKLINE, MASSACHUSETTS 02445

CORI ACKNOWLEDGMENT FORM

Employee School: _____
 Intern/Stud. Tchr. School: _____ School Year: _____
 Parent/Volunteer School: _____ Child's Name: _____
 Contractor Company Name: _____

The Public Schools of Brookline 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 **The Public Schools of Brookline** 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 Public Schools of Brookline** written notice of my intent to withdraw consent to a CORI check. **The Public Schools of Brookline** may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that **The Public Schools of Brookline** 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 this Acknowledgement Form is true and accurate.

Applicant/Employee Signature Date

Applicant Information (Please Print)

LAST NAME FIRST NAME MIDDLE NAME

MAIDEN NAME OR OTHER NAME(S) BY WHICH YOU HAVE BEEN KNOWN DATE OF BIRTH

PLACE OF BIRTH SOCIAL SECURITY NUMBER DRIVER'S LICENSE OR ID NO.
(Last 6 digits of SS# are **required**) (Include State of Issue)

SEX: _____ HEIGHT: _____ ft. _____ in. EYE COLOR: _____ RACE: _____

MOTHER'S FULL MAIDEN NAME FATHER'S FULL NAME

CURRENT ADDRESS: _____

FORMER ADDRESS: _____

The above information was verified by reviewing the following form of acceptable government-issued identification:

IDENTIFICATION TYPE: _____

NAME/DEPARTMENT OF VERIFYING EMPLOYEE: _____

SIGNATURE OF VERIFYING EMPLOYEE: _____