



**Criminal Offender Record Information (CORI)  
 Sex Offender Registry Information (SORI)  
 Acknowledgement Form**

**SCHOOL**

**POSITION: Reason for CORI/SORI**

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

**NEWBURYPORT PUBLIC SCHOOLS** is registered under the provisions of M.G.L. c.6, § 172 to receive CORI/SORI 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. CORI and SORI cover:

**CORI (MASSACHUSETTS CRIMINAL OFFENDER RECORD INFORMATION)**

- All criminal case data including conviction, non-conviction and pending.

**SORI (MASSACHUSETTS SEX OFFENDER REGISTRY INFORMATION)**

- Information about an offender shall be made available pursuant to this section only if the offender is a sex offender who has been finally classified by the Board as a level 2 or level 3 sex offender whose information may lawfully be made available by the Board. Information about an offender may not be available for various reasons including but not limited to (1) a court order preventing dissemination, (2) the individual is finally classified as a level 1 offender (low risk) and information on level 1 offenders cannot be disseminated as a matter of law, (3) the individual is no longer under the Board's jurisdiction, (4) the individual has not been finally classified.

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/SORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to **NEWBURYPORT PUBLIC SCHOOLS** to submit a CORI/SORI 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 **NEWBURYPORT PUBLIC SCHOOLS** with written notice of my intent to withdraw consent to a CORI/SORI check. FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The **NEWBURYPORT PUBLIC SCHOOLS** may conduct subsequent CORI/SORI checks within one year of the date this Form was signed by me, provided, however, that **NEWBURYPORT PUBLIC SCHOOLS**, must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI/SORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

\_\_\_\_\_  
*Signature of CORI/SORI Subject*

\_\_\_\_\_  
*Date*



**THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY  
Department of Criminal Justice Information Services**  
200 Arlington Street, Suite 2200, Chelsea, MA 02150  
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973  
MASS.GOV/CJIS



**SCHOOL**

**POSITION: Reason for COR/SORI**

**SUBJECT INFORMATION**

Please complete this section using the information of the person whose CORI/SORI you are requesting.

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_ Suffix (Jr., Sr., etc.): \_\_\_\_\_

Former Last Name 1: \_\_\_\_\_

Former Last Name 2: \_\_\_\_\_

Former Last Name 3: \_\_\_\_\_

Former Last Name 4: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Last **SIX** digits of Social Security Number: \_\_\_\_\_ -- \_\_\_\_\_  No Social Security Number

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

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

Mother's Full Name: \_\_\_\_\_

**Current Address**

Street Address: \_\_\_\_\_

Apt. # or Suite: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

**SUBJECT VERIFICATION**

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

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

Verified by:

\_\_\_\_\_  
*Print Name of Verifying Employee*

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

\_\_\_\_\_  
*Date*