



NORTH ANDOVER PUBLIC SCHOOLS

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Superintendent

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CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

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

The North Andover 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, volunteers and subcontractors.

As a prospective or current employee, subcontractor or volunteer, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to the **North Andover 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 written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT AND VOLUNTEER PURPOSES ONLY:

The North Andover Public Schools may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that the **North Andover 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:** _____

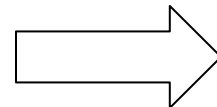
PLEASE CHECK OFF: Employee Volunteer Subcontractor Student

If a volunteer, please provide child's name _____

If a volunteer, please initial below acknowledging that you have been provided with, read, understand, and agree to comply with School Committee Policy [IIOC-E](#)
INITIAL: _____

CORI forms mailed in WILL NOT be processed. ID's need to be verified and photocopied by authorized school personnel.

OTHER SIDE MUST BE COMPLETED



VOLUNTEER ACKNOWLEDGEMENT

I understand that as a volunteer in the North Andover Public Schools, all student and staff information is confidential. I agree not to access, review, disclose or use confidential student or staff information without specific authorization from a school administrator. I also understand that even when I am no longer a volunteer with the North Andover Public Schools, any confidential information I have learned must continue to be kept confidential. I understand that any breach of these confidentiality requirements will result in my immediate termination as a volunteer and may result in legal action against me.

I understand that I must comply with all North Andover Public School Committee policies and school rules applicable to school staff as well as all directions from school administrators and staff while serving as a volunteer. I further understand that my authorization to serve as a volunteer may be terminated at the discretion of the Superintendent and school principal at any time if they determine it is in the best interests of the school or the students.

I understand that as a condition of volunteer service, the North Andover School District is required by law to obtain Criminal Offender Record Information for any volunteer who may have direct and unmonitored contact with children.

I have read, understand, and agree to the information presented above:

Signature: _____ Date: _____

CROSS REFERENCE: SOURCE: MASC

CROSS REFERENCES: ADDA – C.O.R.I. REQUIREMENTS
 ADDA-R, ADDA-E-1, ADDA-E-2, ADDA-E-3 -

REVISED 1/9/14