

NORTH ANDOVER PUBLIC SCHOOLS

566 Main Street
North Andover, MA 01845
978-794-1503

**CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGMENT FORM**

NORTH ANDOVER PUBLIC SCHOOLS has been certified by the Criminal History Systems Board to access CORI Information on individuals who service the North Andover Public Schools.

CHECK ONE: Applicant Volunteer*/Intern Sub-Contractor

| | | | |
|---------------------------------------|------------------------------|-----------------------------|---------------|
| Last Name | First Name | Middle Initial | Suffix |
| Former Last Name (1) | Former Last Name (2) | Former Last Name (3) | |
| Date of Birth | Last Six Social Sec # | | |
| Sex | Race | | |
| Father's Last Name | Father's First Name | | |
| Mother's Last Name | Mother's First Name | Mother's Maiden Name | |
| Street Address | City/Town | Zip | |
| *if volunteer, name of student | Phone# | EMAIL | |

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, volunteer, or subcontractor, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to North Andover Public Schools to submit a CORI check for my information to the DCJIS. This authorization is valid for three (3) years from the date of my signature. I may withdraw this authorization at any time by providing North Andover Public Schools written notice of my intent to withdraw consent to a CORI check.

For Employment, Volunteer, and Subcontracting 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 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 on this form is true and accurate.

Applicant/Employee/Volunteer Signature _____
Date

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

| | | |
|--|--|------------------------------|
| FOR OFFICE USE ONLY: | | |
| CORI FORMS CANNOT BE PROCESSED WITHOUT THE FOLLOWING INFORMATION COMPLETED BY A NAPS EMPLOYEE | | |
| The information contained above was verified by reviewing the following form of government issued photographic identification: | | |
| | Driver's License | State ID |
| | | Passport |
| VERIFIED BY: | _____ Name of Verifying Employee (Please print) | _____ Signature |
| SCHOOL/LOCATION: | _____ | DATE SUBMITTED: _____ |

RETURN THIS COMPLETED FORM DIRECTLY TO A NAPS EMPLOYEE ALONG WITH PHOTO ID