

### WESTPORT COMMUNITY SCHOOLS

### Office of the Superintendent

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# CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

**Westport Community 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, chaperones, and volunteers.

As a prospective or current employee, subcontractor, volunteer, chaperone, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to **Westport Community Schools** to submit a CORI check for my information to the DCJLS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing **Westport Community Schools** with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT OR VOLUNTEER, PURPOSES ONLY: The **Westport Community Schools** may conduct subsequent CORI checks within one year of the date this form was signed by me provided, however, that **Westport Community 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	
As an applicant/employee for the position of _		

It is the policy of the Westport Community Schools to maintain a learning and working environment that is free from harassment, violence or discrimination based on actual or perceived race, color, creed, religion, national origin, sex/gender, marital status, homelessness, disability, sexual orientation, gender identity or expression, age, family care leave status, pregnancy or any condition related to pregnancy, or military/veteran status.



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### Office of the Superintendent

# SUBJECT INFORMATION All Fields are REQUIRED

### Please Print Legibly in Pen

Last Name	First Name	Middle Initial	Suffix (Jr. Sr. II)
Maiden or Alias'	Name		Phone Number
Date of Birth			Place of Birth
Last	<b>Six Digits</b> of Yo	our Social Security Number:	
		For Office Use Only:	
VERIFIE	<u>-                                    </u>	of Verifying Employee (Print	
	Si	gnature of Verifying Employ	yee
The follow		attached) was verified by revi issued photo identification (	ewing the following form(s) of please circle):
	•	Drivers License	
	O	Passport	
	O	Military I.D.	
	O	State I.D.	