



WESTPORT COMMUNITY SCHOOLS

Office of the Superintendent

THOMAS F. AUBIN

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Extended Day
Director
508-636-1140 x4425

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 DCJIS. 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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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 Six Digits of Your Social Security Number: _____

For Office Use Only:

VERIFIED BY: _____

Name of Verifying Employee (Print Please)

Signature of Verifying Employee

The following information (attached) was verified by reviewing the following form(s) of government issued photo identification (please circle):

- Drivers License
- Passport
- Military I.D.
- State I.D.