

**LINCOLN-SUDBURY REGIONAL SCHOOL DISTRICT  
390 LINCOLN ROAD  
SUDBURY, MASSACHUSETTS 01776-1409**



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

Lincoln-Sudbury Regional School District 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, and volunteers.

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 Lincoln-Sudbury Regional School District 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 Lincoln-Sudbury Regional School District with written notice of my intent to withdraw consent to a CORI check.

The Lincoln-Sudbury Regional School District may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that Lincoln-Sudbury Regional School District 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 herein is true and accurate.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please complete the entire application. Your current picture ID MUST be attached to this form.**

Position applied for: (e.g. Employee, Student Teacher, Volunteer, Contractor) \_\_\_\_\_

If you are applying to chaperone a field trip, please indicate destination/date: \_\_\_\_\_

\_\_\_\_\_  
Last Name                      First Name                      Middle Initial                      (Maiden name, if any)

\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_  
Date of Birth (MM-DD-YYYY)                      \_\_\_\_\_  
Place of Birth (City, State, Country)

Gender: M / F              Height: \_\_\_\_ft. \_\_\_\_ in.              Eye color: \_\_\_\_\_              Race: \_\_\_\_\_

Last Six (6) Digits of Your Social Security Number: XXX - \_\_\_\_ - \_\_\_\_

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

\_\_\_\_\_  
Mother's Full Name (First, Middle, Last / Maiden)              \_\_\_\_\_  
Father's Full Name (First, Middle, Last)

Current Street Address: \_\_\_\_\_  
Street Address                      City/Town                      State              Zip

Mailing Address (if different): \_\_\_\_\_  
Street or P.O. Box No.                      City/Town                      State              Zip

Former Address(es): \_\_\_\_\_  
(If less than 5 years at current) Street Address                      City/Town                      State              Zip

**FOR OFFICE USE ONLY:**  
The above information was verified by review of the following form of valid, government-issued photographic identification:

\_\_\_\_\_  
Massachusetts Driver's License                      Other (specify):

**ID VERIFIED BY:**                      **SUBMITTED TO DCJIS BY:**

\_\_\_\_\_  
Name of Verifying Employee (Please print)                      Name of authorized employee (Please print)

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