SOUTHERN BERKSHIRE
REGIONAL SCHOOL DISTRICT

Beth Regulbuto
Superintendent

Christine Regan
Business Administrator

E. Bonnie Silvers
School Committee Chair

Francoise Lartigue
School Committee Vice Chair

School Committee Members

Arthur J. Batacchi, Jr.

MaryEllen Brown

Marcella Bush

Ken Knox

Timothy Schroepfer

H. Dennis Sears

Carl Stewart

David Travis

CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

NOTE: Govt. issued photo identification must be presented with this form.

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

The Southern Berkshire 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, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

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 **Southern Berkshire 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 **Southern Berkshire Regional School District** with written notice of my intent to withdraw consent to a CORI check.

The **Southern Berkshire Regional School District** may conduct subsequent CORI checks within one year of the date this form was signed by me provided, however, that **Southern Berkshire 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 on Page 2 of this Acknowledgement Form is true and accurate.

_____

SIGNATURE DATE

(OVER)

Reason for CORI check: _____ Employment

_____ Volunteer (Name of Teacher/Class _____)

_____ Subcontractor

SUBJECT INFORMATION:

_____

Last Name First Name Middle Name Suffix

_____

Maiden Name (or other name(s) by which you have been known)

_____ _____

Date of Birth Place of Birth

Last Six Digits of Your Social Security Number (required): _____-_____

Sex: ____ Height: ___ft. __in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

_____ _____

Mother's Full Maiden Name Father's Full Name

Current and Former Addresses:

_____

Street Number & Name City/Town State Zip

_____

Street Number & Name City/Town State Zip

_____

The above information was verified by reviewing the following form(s) of government issued identification:

_____

VERIFIED BY: _____

Name of Verifying Employee (Please Print)

_____

Signature of Verifying Employee