

Beth Regulbuto Superintendent

Christine Regan Business Administrator

Ken Knox School Committee Chair

**Dennis Sears** School Committee Vice Chair

## School Committee Members

Arthur J. Batacchi, Jr.

- Jeffrey Blaugrund
- MaryEllen Brown
- Jonathan Bruno
- Jane Burke
- Marcella Bush
- Bonnie Silvers
- David Travis

## SOUTHERN BERKSHIRE REGIONAL SCHOOL DISTRICT

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 cl	песк:	Employment		
		Volunteer (Na	me of Teacher/Class _	
	Subcontractor			
SUBJECT INFORM	ATION:			
Last Name	First Name	Middle	e Name	Suffix
Maiden Name (or oth	ner name(s) by wh	ich you have bee	n known)	
Date of Birth	Place	of Birth		
Last Six Digits of Y	our Social Securi	ty Number (req	uired):	
Sex: Height:	_ftin. Eye C	olor:	Race:	
Driver's License or I	D Number:		State of Issue:	
Mother's Full Maide	n Name		Father's Full Name	
Current and Former	Addresses:			
Street Number & Na	me	City/Town	State	Z
Street Number & Na	me	City/Town	State	Z
The above informat issued identificatior		by reviewing the	e following form(s) of	government
VERIFIED BY:	Name of Varia	fuing Employee (	Dlagsa Drint)	
	Iname of veril	ying Employee (	r iease riiiit)	
	Signature of V	erifying Employ	ee	