



Bellingham Public Schools  
School Administration Building  
4 Mechanic Street  
Bellingham, Massachusetts 02019

Peter D. Marano  
Superintendent of Schools

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

The Bellingham 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, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to the Bellingham 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 the Bellingham School District with written notice of my intent to withdraw consent to a CORI check.

The Bellingham School District may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that the Bellingham 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 this Acknowledgement Form is true and accurate.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**PLEASE PRINT THE FOLLOWING LEGIBLY:**

\_\_\_\_\_  
School Building(s)/Location or /Activity for Request

\_\_\_\_\_  
Reason for Request/Position  
(e.g. volunteer, teacher, coach, etc. )

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Date of Birth  
(Required) (xx-xx-xxxx)

\_\_\_\_\_  
Last Six Digits of Social Security #  
(Required) (xx-xxxx)

\_\_\_\_\_  
Gender

\_\_\_\_\_  
Place of Birth (City & State)

\_\_\_\_\_  
Mother's Maiden Name

\_\_\_\_\_  
Prior Last Names, Maiden or Alias (if applicable)

\_\_\_\_\_  
Current Address:

\_\_\_\_\_  
Former Address(es) (5 yrs. prior):

\_\_\_\_\_  
Driver's License No./Issuing State

\_\_\_\_\_  
Height

\_\_\_\_\_  
Weight

\_\_\_\_\_  
Eye Color

\*\*\*\*\*  
The above information was verified by reviewing the following form of non-expired government issued photographic identification:

MA Driver's License     MA Identification     Passport     Other \_\_\_\_\_

Requested By: \_\_\_\_\_  
Verify Employee

Approved: \_\_\_\_\_  
Mr. Peter D. Marano, Superintendent of Schools