



Marshfield Public Schools

76 South River Street – Marshfield, MA 02050 ■ (781)834-5000 ■ FAX (781)834-5070

Jeffrey W. Granatino
Superintendent

Ellen M. Martin, Ed. D.
Asst. Superintendent

Thomas J. Miller
Asst. Supt. Business & Finance

Amy C. Scolaro
Director of Special Education / Pupil Personnel

CORI ACKNOWLEDGEMENT FORM

Marshfield Public 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, volunteers, student teachers, interns, classroom observers.

As a current or otherwise qualified prospective employee, subcontractor, volunteer, student teacher, intern, classroom observer, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to Marshfield Public 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 Marshfield Public Schools with written notice of my intent to withdraw consent to a CORI check. The Marshfield Public Schools may conduct subsequent CORI checks within one year of the date this form was signed by me.

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 of CORI Subject: _____ **Date:** _____

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- Current Employee, Position _____ Job Applicant Substitute Student Teacher/Intern
- Classroom Observer Volunteer/Chaperone Walking Track Other _____

School:	<input type="checkbox"/> DWS	<input type="checkbox"/> EWS	<input type="checkbox"/> GWS	<input type="checkbox"/> MES	<input type="checkbox"/> SRS	<input type="checkbox"/> FBMS	<input type="checkbox"/> MHS	<input type="checkbox"/> District-Wide
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The fields marked with an asterisk (*) are required fields

* Last Name _____ * First Name _____ Middle Name _____

Maiden Name (or other name(s) by which you have been known) _____ * Date of Birth _____ Place of Birth _____

Mother's Name (First, Maiden, Last) _____ Father's Name (First, Last) _____

* **Last Six Digits of Your Social Security Number:** ____ - ____ Sex: _____ Race: _____

Current Address:

Street # and Name _____ City/Town _____ State _____ Zip _____

Please note that a government issued form of identification (Driver's License, Passport) must be presented in person when submitting this form.

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Marshfield Public Schools Use Only

Driver's License # _____ **State** _____ **or US Passport #** _____

VERIFIED BY: _____
Name of Verifying Employee (Please Print) _____ Title _____ Signature of Verifying Employee _____

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7/2/2018