



**ASHBURNHAM-WESTMINSTER REGIONAL SCHOOL DISTRICT**

**Office of the Superintendent**

**Gary F. Mazzola, Ed.D.**  
**Superintendent of Schools**

**Julie Surprenant**  
**Director of Finance & Business**

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

As a prospective or employee/volunteer for the position of \_\_\_\_\_, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to Ashburnham-Westminster 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 the Ashburnham-Westminster Regional School District with written notice of my intent to withdraw consent to a CORI check.

For employment, volunteer, and licensing purposes only: The Ashburnham-Westminster Regional School District may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that the Ashburnham-Westminster Regional School District must first provide me with written notice of this check.

Ashburnham-Westminster Regional School District is registered under the provisions of MGLc6s172 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 leasing of housing.

**(PROSPECTIVE) EMPLOYEE / VOLUNTEER INFORMATION (Please print)**

\_\_\_\_\_  
Last Name First Name Middle Initial

\_\_\_\_\_  
Maiden Name / Alias (if applicable) Date of Birth Place of Birth

\_\_\_\_\_  
Mother's Maiden Name Father's Full Name

X X X - -  
SSN (Last 6 digits **IS REQUIRED**) State Drivers License Number State of Issue

\_\_\_\_\_  
Sex Height: ft. in. Eye Color Race

Current and Former Addresses: \_\_\_\_\_

(Prospective) Employee/Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing above, I provide my consent to a CORI check and acknowledge that the information provided on this Acknowledgement Form is true and accurate.

Cori Authorized Employee Signature: \_\_\_\_\_

**\*\*This information was verified with the following form of government issued photographic identification\*\***

**(Photocopy picture id prior to filling out Form OR photocopy on back of form)**