

Lowell Public Schools, Lowell MA
**CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM**

Lowell 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. As a prospective or current employee, subcontractor, volunteer, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to Lowell Public Schools to submit a CORI check for my information to the DCJIS. This authorization is valid for the current school year. By signing below, I provide my consent to a CORI check and acknowledge that the information provided below is true and accurate.

Signature

Date

SCHOOL: _____

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

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 #

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 _____

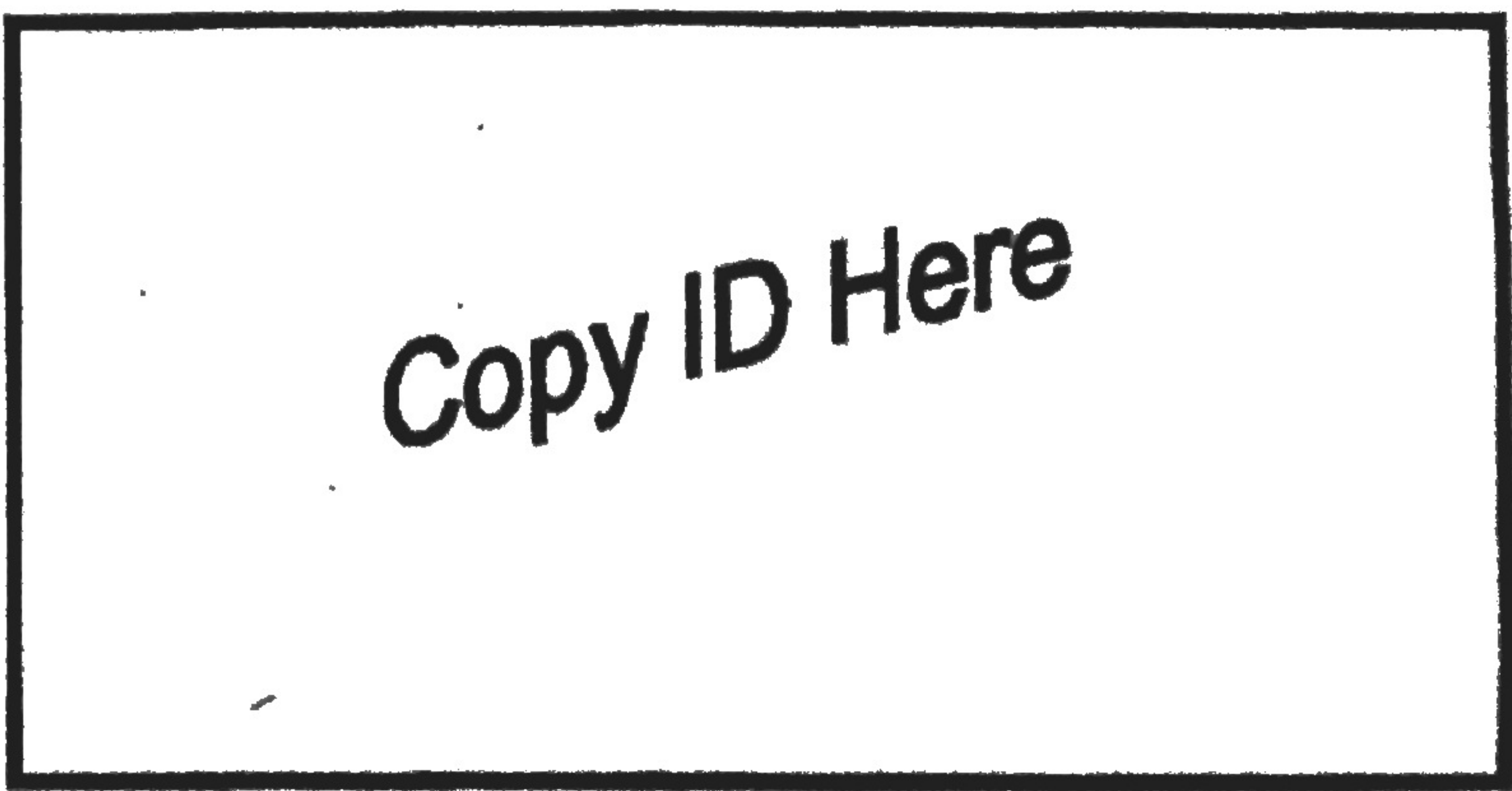
Current and Former Addresses:

Street Number and Name City/Town State Zip

Street Number and Name City/Town State Zip

**THE ABOVE INFORMATION WAS VERIFIED BY
REVIEWING THE FOLLOWING FORM OF
GOVERNMENT ISSUED PHOTOGRAPHIC
IDENTIFICATION**

A legible copy of this ID must be sent to
Personnel to be placed on file.



Verified By: Karen Joslyn, Personnel Office
Name of Verifying Employee (Please Print and Sign)