

ADMINISTRATION  
BUILDING  
11 LINCOLN STREET  
PLYMOUTH, MASSACHUSETTS  
02360  
TELEPHONE (508) 830-4300  
  
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[www.plymouth.k12.ma.us](http://www.plymouth.k12.ma.us)



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ADMINISTRATION AND INSTRUCTION

ERIK W. CIOFFI  
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HUMAN RESOURCES

BRAD F. BROTHERS  
SCHOOL BUSINESS ADMINISTRATOR

## CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

**Plymouth 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, license applicants, current licensees, and applicants for the rental or leasing 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 Plymouth Public Schools to submit a CORI check for my information to the DCJI. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Plymouth Public Schools with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: The Plymouth Public Schools may conduct subsequent CORI checks within one year of the date this form was signed by me provided, however, the Plymouth Public Schools 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 on the *Acknowledgement Form* is true and accurate.

---

*Applicant/Employee Signature*

*Date*

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**CRIMINAL OFFENDER RECORD INFORMATION (CORI)  
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**(PLEASE PRINT)**

Last Name	First Name	Middle Name	Suffix
Maiden Name (or other name(s) by which you have been known)		Place of Birth	
Date of Birth	XXX-__-____ Social Security No. (LAST 6-DIGITS REQUIRED)	Mother's Full Maiden Name	Father's Full Name
Address:			
Former Addresses:			
SEX: _____	HEIGHT: ___ft. ___in.	EYE COLOR: _____	RACE: _____
Driver's License Number: _____ State _____			

**SCHOOL DEPARTMENT ADMINISTRATION USE ONLY**

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

**Requested by:** \_\_\_\_\_

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of CORI Authorized Employee**