



Dr. Kathleen F. Moran, Executive Director  
Office of Human Resources  
Phone (508) 580-7535 Fax (508) 580-7091

The Brockton 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, and volunteers.

As a prospective or current employee, subcontractor, volunteer or chaperone, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to Brockton 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 Brockton Public Schools with written notice of my intent to withdraw consent to a CORI check.

**FOR EMPLOYMENT AND VOLUNTEER PURPOSES ONLY:** The Brockton Public Schools may conduct subsequent CORI checks within one year of the date this form was signed by me provided, however, that Brockton 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 provided on this acknowledgement form is true and accurate. An asterisk (\*) denotes a required field.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
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 number: \_\_\_\_\_ - \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Ft. \_\_\_\_\_ In. Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

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

\_\_\_\_\_  
Former Address

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

The above information was verified by reviewing the following form(s) of government issued identification: \_\_\_\_\_

Name of Verifying Employee (Please Print): \_\_\_\_\_ Signature: \_\_\_\_\_

Requested by: Kathleen F. Moran  
Signature of CORI authorized personnel