CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM

Milton Academy 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, 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 Milton Academy 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 written notice of my intent to withdraw consent to a CORI check.

Prospective Applicant/Employee Information (Please Print): (A red asterisk (*) denotes a required field.)

_____ _____ _____
*LAST NAME *FIRST NAME MIDDLE NAME

_____ _____ XXX-_____-_____
*DATE OF BIRTH Place of Birth *SOCIAL SECURITY NUMBER (Last 6 digits)

_____ _____
Maiden Name (or other alias name(s) by which you have been known) Date Last Used

* Have you lived in Massachusetts at least 5 years? YES / NO

Driver's License or ID Number: _____ State of Issue: _____

Sex: ___ Height: ___ft. ___in. Weight: ___ Eye Color: ___

_____How long at address? _____
Current Address

_____How long at address? _____
Previous Address

Mother's Full Maiden Name: _____ Father's Full Name: _____

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.

_____ _____ _____
*APPLICANT/EMPLOYEE SIGNATURE *DATE *Position at Milton Academy

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The above information must be verified by reviewing a government-issued photographic identification.

VERIFIED BY: _____ _____
Name of Verifying Employee (Please Print) Type of identification verified

_____
Signature of Verifying Employee