Superintendent of Schools
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Westfield, MA 01085
Telephone: (413) 572-6403
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Stefan Czaporowski
Superintendent of Schools

CORI REQUEST FORM

This form MUST be completed in the presence of a Westfield Public Schools staff member who is required to verify the original identification presented.

WESTFIELD 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 licenses, and applicants for the rental or lease of housing. As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to WESTFIELD 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 WESTFIELD PUBLIC SCHOOLS written notice of my intent to withdraw consent to a CORI check. WESTFIELD PUBLIC SCHOOLS may conduct subsequent CORI checks within one year of the date this form was signed by me provided, however, that WESTFIELD 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 this Acknowledgement Form is true and accurate.***

_____ _____

Position/School **Applicant/Employee Signature** **Date signed**

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

_____ _____ _____

Last Name **First Name** **Middle Name**

_____ _____

Maiden Name or Alias (if applicable) **Place of Birth**

_____ *** - _____-_____ _____

Date of Birth **Social Security Number** **Mother's Maiden Name**
(LAST SIX DIGITS REQUIRED)

Current Address: _____

Former Addresses: _____

Email Address: _____

Gender: _____ **Height:** _____**ft.** _____**in.** **Eye Color:** _____

State Driver's License or ID Number: _____

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

RECEIVED AND VERIFIED BY: _____

Signature of CORI authorized employee