



**Seekonk School Department  
Administrative Offices  
25 Water Lane ♦ Seekonk, MA ♦ 02771-4615  
(508) 399-5106 ♦ Fax (508) 399-5128**

**CRIMINAL OFFENDER RECORD INFORMATION (CORI)**

The Seekonk School Department is registered under the provisions of M.G.L., Ch. 6, §172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees and volunteers. As a prospective or current employee, volunteer or subcontractor, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to the Seekonk School Department to submit a CORI check for my information to the DCJIS. This authorization is valid for submission at any time for one year of the date of my signature. Upon approval it may be valid for up to 3 years. I may withdraw this authorization at any time by providing the Seekonk School Department written notice of my intent to withdraw consent to CORI check. **By signing below, I provide my consent to a CORI check and acknowledge that the information provided is true and accurate.**

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

Subject Information (An asterisk \* denotes a required field) \*School Building \_\_\_\_\_

\*Last Name \_\_\_\_\_ \*First Name \_\_\_\_\_ \*Middle Name \_\_\_\_\_ Suffix \_\_\_\_\_

\*Maiden Name (or other names(s) by which you have been known) \_\_\_\_\_ \*Reason for completion of CORI

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\*Date of Birth \_\_\_\_\_ City or Town of Birth \_\_\_\_\_ \*Last 6 digits of Social Security Number \_\_\_\_\_

Gender: \_\_\_\_\_ Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

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

Current Address: \_\_\_\_\_  
Street (# & Name) \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Former Address: \_\_\_\_\_  
Street (# & Name) \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**STOP COMPLETION OF THIS FORM HERE**

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

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

\_\_\_\_\_  
Employee Signature \_\_\_\_\_ Supt. Approval: \_\_\_\_\_

*The Seekonk Public Schools strives to provide a safe, respectful, and supportive learning environment in which all students can thrive and succeed in its schools. The Seekonk Public Schools prohibits discrimination on the basis of race, color, sex, age, gender identity, disability, religion, national origin, sexual orientation or homelessness and ensures that all students have equal rights of access and equal enjoyment of the opportunities, advantages, privileges, and courses of study*