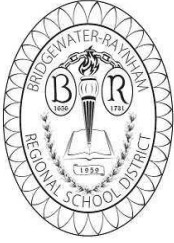


*****PLEASE PRINT CLEARLY*****



Bridgewater-Raynham Regional School District
166 Mount Prospect Street
Bridgewater, MA 02324
508-279-2140



Criminal Offender Record Information (CORI)

Last Name: _____ First Name: _____ Middle Initial: _____
Suffix (Jr., Sr., etc.): _____ Maiden Name: _____
Former Last Name 1: _____ 2: _____
Former Last Name 3: _____ 4: _____
Date of Birth (MM/DD/YYYY): _____ Last SIX digits of Social Security Number: _____ -- _____
Place of Birth: _____ Phone Number: (____) _____ - _____
Parent 1 Full Name: _____
Parent 2 Full Name: _____
Current Street Address: _____ Apt/Unit #: _____
City: _____ State: _____ Zip: _____
Height: ____ ft. ____ in. Eye Color: _____ Driver's Lic. or ID #: _____ State Issued: _____

I will work/volunteer at: (check ALL that apply)	What is your role in the school (please check one):
☐ BR High School	☐ Full-time Employee
☐ Bridgewater Middle School	☐ Chaperone
☐ Raynham Middle School	☐ Part-time Employee
☐ Williams Intermediate	☐ Volunteer
☐ RMS Preschool	☐ Substitute
☐ LaLiberte Elementary School	☐ Contracted (non-BR employee)
☐ Merrill Elementary School	☐ Student Observer
☐ Mitchell Elementary School	☐ Chartwell (Café)
☐ Central Office	☐ Student Teacher
☐ TDP	☐ Other: _____
	☐ Intern
	Please Specify

BRIDGEWATER-RAYNHAM RSD 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, or current licensees.

As a prospective or current employee, subcontractor, volunteer, license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to **BRIDGEWATER-RAYNHAM RSD** 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 **BRIDGEWATER-RAYNHAM RSD** with written notice of my intent to withdraw consent to a CORI check.

I also understand that **BRIDGEWATER-RAYNHAM RSD** may conduct subsequent CORI checks within one year of the date this Form was signed by me. By signing below, I provide my consent to a CORI check and affirm that the information of this Acknowledgement Form is true and accurate.

Signature of CORI Applicant

Date

*****OFFICE USE ONLY – EMPLOYER VERIFICATION SECTION*****

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

Verified by: _____
Print Name of Verifying Employee Signature of Verifying Employee Date

The mission of the Bridgewater-Raynham Regional School District is to provide excellence in education for all students in an environment that values the individual. The Bridgewater-Raynham Regional School District does not discriminate on the basis of race, color, sex (including pregnancy and gender identity), religion, national origin, or handicap in its education or employment practices.