



# Hull Public Schools

Office of the Superintendent  
18 Harborview Road, Hull, Massachusetts 02045  
781-925-4400, ext 1114 Fax 781-925-8042



## **CORI REQUEST FORM** **Criminal Offender Record Information (CORI)** **Sex Offender Registry Board (SORB)** **Acknowledgment Form**

To be used by organizations conducting CORI/SORI checks for employment, volunteer, subcontractor, licensing and employment purposes.

**Hull 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 licensees, interns and observers.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, intern or observer, I understand that a CORI check will be submitted for my personal information to the DCJIS and a SORI check will be submitted to the SORB. I hereby acknowledge and provide permission to **Hull Public Schools** to submit a CORI/SORI check for my information to the DCJIS and SORB. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing **Hull Public Schools** with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER AND LICENSING PURPOSES ONLY:

The **Hull Public Schools** may conduct subsequent CORI/SORI checks within one year of the date this form was signed by me, provided, however, that **Hull Public Schools** must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI and SORI check and affirm that the information provided on Page 2 of this Acknowledgment Form is true and accurate.

\_\_\_\_\_  
*Signature of CORI/SORI Subject*

\_\_\_\_\_  
*Date*

### **REASON FOR CORI/SORI**

- Current Employee
- Employment Applicant
- Volunteer / Chaperone
- Intern / Observer
- Other (please specify)

\_\_\_\_\_

Beginning on \_\_\_\_\_ (date)

For the following school(s)

- \_\_\_ Jacobs Elementary School
- \_\_\_ Memorial Middle School
- \_\_\_ Hull High School



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## EMPLOYMENT / VOLUNTEER SUBJECT INFORMATION

Please complete this section using the information of the person who's **CORI/SORI** you are requesting.  
The fields marked with an asterisk (\*) are required fields.

**PLEASE PRINT CLEARLY**

\* Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

\* First Name: \_\_\_\_\_ Suffix (Jr., Sr., etc.): \_\_\_\_\_

Former Last Name(s): \_\_\_\_\_  
*List all that apply including maiden name and alias*

\* Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

\* Last **SIX (6)** digits of Social Security Number: X X X -   -     **REQUIRED**

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_

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

\*Your Father's Last Name: \_\_\_\_\_ Father's First Name: \_\_\_\_\_

\*Your Mother's Current Last Name: \_\_\_\_\_ Mother's First Name: \_\_\_\_\_

Your Mother's Maiden Name: \_\_\_\_\_

### Current Address

\* Street Address: \_\_\_\_\_

Apt. # or Suite: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

### SUBJECT ID VERIFICATION

#### INFORMATION BELOW TO BE COMPLETED BY HULL PUBLIC SCHOOLS REPRESENTATIVE

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

Form of ID: \_\_\_\_\_ Date: \_\_\_\_\_

Verified by:

\_\_\_\_\_  
Print Name of Verifying Employee

\_\_\_\_\_  
Signature of Verifying Employee