

**NEWTON PUBLIC SCHOOLS**  
**Criminal Offender Record Information (CORI) Acknowledgement Form**

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT,  
VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES

**City of Newton – Newton Public Schools (NPS)** 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, 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 **NPS** 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 **NPS** with written notice of my intent to withdraw consent to a CORI check.

**FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:** The **NPS** may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that **NPS** 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 provided below this Acknowledgement Form is true and accurate.

\_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**SUBJECT INFORMATION**

\* Please be aware that if any information is incomplete this CORI can not be processed.

\_\_\_\_\_ School/Location: \_\_\_\_\_ Specify: Present or Desired Position with NPS \_\_\_\_\_ Volunteer (Yes or No) \_\_\_\_\_

Name: \_\_\_\_\_  
                    First                      Middle                      Last                      Suffix

Maiden Name (or other name(s) by which you have been known): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Social Security No. \_\_\_\_\_

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

Father's name: Last: \_\_\_\_\_ First: \_\_\_\_\_

Mother's Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Maiden: \_\_\_\_\_

**Current** Address: No. & Name, City/Town, State Zip: \_\_\_\_\_

**Former** Address: No. & Name, City/Town, State Zip: \_\_\_\_\_

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

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

VERIFIED BY: \_\_\_\_\_  
  Name of NPS Verifying Employee (Please Print)                      Signature of Verifying Employee

**COMMONWEALTH OF MASSACHUSETTS  
SEX OFFENDER REGISTRY BOARD  
REQUEST FOR SEX OFFENDER REGISTRY INFORMATION**

Please check appropriate box: I am a School Volunteer/Contractor:

I am a School Employee/Applicant:

Name (PLEASE PRINT): \_\_\_\_\_

School/Location: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Address: \_\_\_\_\_

**Personal identifying characteristics:**

Gender: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

**Optional information (e.g. license plate number, parents' names, etc.):**

\_\_\_\_\_  
\_\_\_\_\_

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

**\*\*\*\*\*WARNING\*\*\*\*\***

**SEX OFFENDER REGISTRY INFORMATION SHALL NOT BE USED TO COMMIT A CRIME OR TO ENGAGE IN ILLEGAL DISCRIMINATION OR HARASSMENT OF AN OFFENDER. ANY PERSON WHO USES INFORMATION DISCLOSED PURSUANT TO M.G.L. C. 6, §§ 178C – 178P FOR SUCH PURPOSES SHALL BE PUNISHED BY NOT MORE THAN TWO AND ONE HALF (2 ½) YEARS IN A HOUSE OF CORRECTION OR BY A FINE OF NOT MORE THAN ONE THOUSAND DOLLARS (\$1000.00) OR BOTH (M.G.L. C. 6, § 178N). IN ADDITION, ANY PERSON WHO USES REGISTRY INFORMATION TO THREATEN TO COMMIT A CRIME MAY BE PUNISHED BY A FINE OF NOT MORE THAN ONE HUNDRED DOLLARS (\$100.00) OR BY IMPRISONMENT FOR NOT MORE THAN SIX (6) MONTHS ( M.G.L. C. 275, § 4).**

**All requests for sex offender information must be made on this form and mailed to the Sex Offender Registry Board, Attn: SORI Coordinator, P.O. Box 4547, Salem, MA 01970, along with a self-addressed stamped envelope.**

I hereby request that the following information be used to determine whether the identified individual is a sex offender required to register in Massachusetts.

The Board will provide a report that includes the following information: whether the person identified is a sex offender with an obligation to register, the offense(s) for which the offender was convicted or adjudicated, and the date(s) of the conviction(s) or adjudication(s). Please be advised that the law only permits the public to receive information on sex offenders required to register and finally classified by the Board as a level 2 (moderate risk) or level 3 (high risk) offender. Therefore, information is not available to the public if the identified individual is a level 1 (low risk) offender or if he/she has not yet been finally classified by the Board. All requests shall be recorded and kept confidential, except to assist or defend in a criminal prosecution.

**Requestor's name:** Heather A. Richards

**Address:** Newton Public Schools, 100 Walnut Street, Newton, MA 02460

**Telephone number:** 617-559-6005

I swear under the pains and penalties of perjury that I am the above-named person, at least 18 years of age, and I am requesting information for my own protection, the protection of a child under 18 years of age, or for the protection of another person for whom I have responsibility, care or custody.

**Requestor's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_