

# MAYNARD PUBLIC SCHOOLS

3R Tiger Drive  
Maynard, MA 01754  
email: [rgerardi@maynard.k12.ma.us](mailto:rgerardi@maynard.k12.ma.us)

Voice: (978) 897-2222  
Fax: (978) 897-4610



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Robert J. Gerardi, Jr., Ph.D., Superintendent of Schools

## CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

TO BE USED BY ORGANIZATIONS USING CONSUMER REPORTING AGENCIES TO CONDUCT CORI CHECKS FOR EMPLOYMENT, VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES

**Maynard Public School District** 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 **Maynard Public School District** 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 **Maynard Public School District** with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: The **Maynard Public School District** may conduct subsequent CORI checks within one year of the date this form was signed by me provided, however, that **Maynard Public School District** 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 on Page 2 of this Acknowledgement Form is true and accurate.

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SIGNATURE

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DATE

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\_\_\_\_\_

Last Name	First Name	Middle Initial	Suffix
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\_\_\_\_\_

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

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

Place of Birth

\_\_\_\_\_

School Building/Department

\_\_\_\_\_

Reason for Request/Position

Last (6) Six Digits of Your Social Security Number (**Required**): XXX- \_\_\_\_\_ - \_\_\_\_\_

I do not have a social security number

Sex: \_\_\_\_ Height: \_\_\_\_ft. \_\_\_\_in. Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_

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

**\*\*Must submit a copy of driver's license or other government issued photographic ID with CORI**

\_\_\_\_\_

Mother's FULL Maiden Name

\_\_\_\_\_

Father's FULL Name

Current and Former Addresses:

\_\_\_\_\_

Street Number & Name City/Town State Zip

\_\_\_\_\_

Street Number & Name City/Town State Zip

**Information below this line to be completed by a Maynard Public School CORI Authorized Representative only**

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

VERIFIED BY: \_\_\_\_\_

Date Logged \_\_\_\_\_

\_\_\_\_\_

Printed Name of Verifying Employee

\_\_\_\_\_

Signature of Verifying Employee