# 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	
* Please	SUBJECT INFORMA be aware that if any information is incomplete		ssed.
School/Location:	Specify: Present or Desired Position with NPS Volunteer (Yes o		Volunteer (Yes or No)
Name:			
First	Middle	Last	Suffix
Maiden Name (or other nam	ne(s) by which you have been known)	:	
Date of Birth:	Place of Birth: Social Security No.		/ No.
Gender: Race:	Eye Color	Height:	ft in.
Father's name: Last:		First:	
Mother's Name: Last:	First:	Mai	den:
Current Address: No. & Na	ame, City/Town, State Zip:		
Former Address: No. & Na	me, City/Town, State Zip:		
	Driver's License or ID Number:		tate of Issue:
	* * * * * * * * * * * * * * * * * * * *		
The above information was (attached):	verified by reviewing the following f	orm(s) of government	issued identification
VERIFIED BY:			
Name	of NPS Verifying Employee (Please Pri	nt) Signature o	f Verifying Employee

### Commonwealth of Massachusetts Sex Offender Registry Board

## M.G.L. c. 6, § 1781 REQUEST FOR SEX OFFENDER REGISTRY INFORMATION

All requests for sex offender information must be made on this form mailed to the Sex Offender Registry Board, Attn: SORI Coordinator, P.O. Box 392, N Billerica, MA 01862, along with a self-addressed stamped envelope or scanned as PDF and emailed to SORI.SORI@MASS.GOV. 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.	SORB USE ONLY			
All requests shall be recorded and kept confidential, except to as	st or defend in a criminal prosecution.			
*Requestor's name:Dr. Anna Nolin, Superintendent of Schools Date of birth:				
*Organization name: (if any) Newton Public Schools				
*Address: 100 Walnut Street	* <b>Telephone number:</b> (617)559-6005			
Newtonville, MA 02460	*Email Address: hrsupport@newton.k12.ma.us			
	e-named person, at least 18 years of age, and I am requesting information age, or for the protection of another person for whom I have responsibility,			
Requestor's signature:	Date:			
I hereby request that the following information be used to determine whether the identified individual is a sex offender required to register in Massachusetts.				
Subject's LAST NAME:				
Subject's FIRST NAME::				
Subject's MIDDLE INITIAL:				
Date of birth or approximate age: / / /				
	X Y Y Y AGE			
Address (PRINT):				
Personal identifying characteristics:				
Sex: Race: Height: Weight:	Eye Color: Hair Color:			
Other information (e.g. license plate number, parents' names, etc.):				

If additional information is needed, please contact the Requestor at the telephone number above.

#### \*\*\*\*\*\*\*\*\*\*\*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 – 178Q 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).