

Dedham Public Schools
Home of America's First Tax-Supported Free Public School

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**CRIMINAL HISTORY CHECKS
ACKNOWLEDGEMENT FORM**

SCHOOL _____

POSITION _____

The **Dedham School District** is registered under the provisions of M.G.L. c. 71, § 38R and M.G.L. c. 6, § 172 to receive criminal history checks for the purpose of screening current and otherwise qualified prospective employees, subcontractors, and volunteers. This includes Criminal Offender Record Information (CORI) from the Department of Criminal Justice Information Services, and Fingerprint-based Criminal History Record Information (CHRI) Checks, as authorized by M.G.L. c. 71, § 38R.

As a prospective or current employee, subcontractor, or volunteer, I understand that a CORI check will be submitted for my personal information to the Massachusetts Department of Criminal Justice Information Services (DCJIS). I hereby acknowledge and provide permission to the **Dedham 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 the **Dedham School District** with my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: The **Dedham School District** may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that the **Dedham School District** must first provide me with written notice of this subsequent 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.

SIGNATURE

DATE

The Dedham School System does not discriminate on the basis of age, race, color, sexual orientation, gender identity, religion, national origin or handicap in its educational activities or employment practices.

Administration Building, 100 Whiting Avenue, Dedham, MA 02026 • (781) 310-1000 www.dedham.k12.ma.us

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**CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM**

SUBJECT INFORMATION (An asterisk (*) denotes a required field):

*Last Name	*First Name	Middle Name	Suffix
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Maiden Name (or other name(s) by which you have been known)

*Date of Birth	Place of Birth
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***Last Six Digits of Your Social Security Number:** xxx - ___ - ___ No S.S. Number

Sex: _____ Height _____ ft. ___ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

*Mother's Full and (Maiden Name)	*Father's Full Name
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Current and Former Addresses:

Street Number & Name, City/Town, State, Zip

Street Number & Name, City/Town, State, Zip

Below for Office Use Only:

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

Check One: _____ Employee – Applicant _____ Employee – Current
 _____ Volunteer/Inter – Applicant _____ Volunteer/Intern – Current
 _____ Sub-Contractor

VERIFIED BY:

Name of Reviewing Employee (Print)	Name of Verifying Employee (Print)
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Signature of Reviewing Employee	Signature of Verifying Employee
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