



DIGHTON-REHOBOTH
Regional School District
 2700 Regional Road
 North Dighton, MA 02764
 (508) 252-5000 (508) 252-5024 (fax)
www.drregional.org

Dr. Kerri Anne Quinlan-Zhou
 Assistant Superintendent

Robert Murray
 Interim Director of Special Education

Catherine Antonellis
 Business Administrator

Dr. Anthony C. Azar
 Superintendent of Schools

T.E.A.M
 (Together Everyone Achieves More)

_____ **SCHOOL:** _____

[Reason you are completing this form (i.e. teacher, coach, volunteer, chaperone, outside contractor, etc.):

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 _____ Telephone Number (CELL #)

Last Six Digits of Your Social Security Number (REQUIRED): XXX- -

Sex: ____ Height: _____ ft. ____ in. Eye Color: ____ Race (optional):

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

Mother's Maiden Name: _____ **Place of Birth:** _____

Current Address	Street Name & Number	City/Town State	Zip
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Former Address	Street Name & Number	City/Town State	Zip
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EMAIL ADDRESS _____ **Alternate Telephone Number (home)** _____

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

Driver's License: _____ Passport: _____ Other: _____

VERIFIED BY:

_____ **Signature of CORI Authorized Employee** _____ **Date**

REV. 8/2/18

The mission of the Dighton-Rehoboth Regional School District, in partnership with parents and the community, is to provide students with the tools, including technology, to acquire knowledge, apply skills, critically analyze information and issues, and develop social responsibility.

Dighton-Rehoboth does not discriminate based on race, color, religion, gender, national origin, age, marital status, veteran status, disability, sexual orientation, gender identity, or any other legally protected group.

PLEASE SEE PAGE 2



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CRIMINAL OFFENDER RECORD INFORMATION (CORI) SEXUAL OFFENDER REGISTRY INFORMATION (SORI) ACKNOWLEDGEMENT FORM

*TO BE USED BY ORGANIZATIONS CONDUCTING CORI/SORI CHECKS FOR:
EMPLOYEES, VOLUNTEERS, SUBCONTRACTORS, STAFF LICENSING, AND HOUSING PURPOSES*

DIGHTON~ REHOBOTH REGIONAL SCHOOL DISTRICT is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI checks 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/SORI check will be submitted for my personal information to the Department of Criminal Justice Information Services (DCJIS). I hereby acknowledge and provide permission to **DIGHTON~ REHOBOTH REGIONAL SCHOOL DISTRICT** to submit a CORI/SORI 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 **DIGHTON~ REHOBOTH REGIONAL SCHOOL DISTRICT** with written notice of my intent to withdraw consent to a CORI/SORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: The **DIGHTON~ REHOBOTH REGIONAL SCHOOL DISTRICT** may conduct subsequent CORI/SORI checks within one year of the date this Form was signed by me provided, however, that **DIGHTON~ REHOBOTH REGIONAL SCHOOL DISTRICT** must first provide me with written notice of this check(s).

By signing below, I provide my consent to a CORI/SORI check and acknowledge that the information provided on Page 1 of this Acknowledgement Form is true and accurate.

SIGNATURE

DATE

**PLEASE ATTACH A COPY OF YOUR CURRENT DRIVER'S LICENSE
ALONG WITH THIS COMPLETED FORM**

REV. 8/2/18 **PAGE 2**

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