**DIGHTON-REHOBOTH**

**Dr. Kerri Anne Quinlan-Zhou**

Assistant Superintendent

**Janet Griffith**

Director of Special Education

**Catherine Antonellis**

Business Administrator

**Regional School District**

**2700 Regional Road**

**North Dighton, MA 02764**

**(508) 252-5000 (508) 252-5024 (fax)**

[**www.drregional.org**](http://www.drregional.org)

**Dr. Anthony C. Azar**

Superintendent of Schools

**REASON: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

volunteer, chaperone, substitute, outside contractor, etc.

**SCHOOL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

[District School Name]

Last Name First Name Middle Name Suffix

Maiden Name [or other name(s) / alias by which you have been known]

Date of Birth Place of Birth **Telephone Number (CELL #)**

**Last SIX Digits of Your Social Security #: XXX-\_\_\_\_\_\_- \_\_\_\_\_ REQUIRED FOR PROCESSING**

Sex: \_\_\_\_ Height: ft. \_\_\_\_\_in. Eye Color:

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

Mother’s Maiden Name: Place of Birth:

Your Current Street Name City/Town State Zip

Former Address Street Name & Number City/Town State Zip

**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:** **Kellie Partridge-Fagan, Admin. Asst. to the Superintendent, CORI authorized employee**

**Signature of CORI Authorized Employee Date**

*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, and/or any other legally protected group.*

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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, OR IT WILL NOT BE PROCESSED**

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