

Dear Parent,

Many Tisbury School parents volunteer at our school. If you would like to chaperone on a field trip, help in the classroom, or volunteer in a school activity next year, we welcome your involvement. In order to volunteer you will need to fill out the attached CORI form and bring it to Amanda Carter at the Superintendent's Office along with a Photographic I.D. If you do not have a photographic I.D., you will need to provide a birth certificate or a social security card.

Sincerely,
Barbara Armstrong
Secretary

Caros Pais,

Muitos pais voluntariam-se na Escola de Tisbury. Se você gostaria de se voluntariar para ser chaperone numa visita de estudo, ajudar na sala de aula, ou voluntariar-se na escola no próximo ano, damos-lhe as boas vindas. De modo a você se voluntariar, você precisa preencher o formulário CORI anexo e levar à Amanda Carter no Escritório do Superintendente com uma forma de identificação com foto. Se você não tem uma forma de identificação com foto, você precisa de uma certidão de nascimento ou cartão de social security.

Cordialmente,
Barbara Armstrong
Secretária



THE COMMONWEALTH OF MASSACHUSETTS
 EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
 Department of Criminal Justice Information Services 200
 Arlington Street, Suite 2200, Chelsea, MA 02150
 TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
 MASS.GOV/CJIS



This form is not to be faxed. Please return form to organization.

**Criminal Offender Record Information (CORI)
 Acknowledgement Form**

To be used by organizations conducting CORI checks for employment or licensing purposes.

Martha's Vineyard Public Schools is registered under the
 (Organization)
 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, or current licensees.

As a prospective or current employee, subcontractor, volunteer, license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to Martha's Vineyard Public Schools
 (Organization)

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 Martha's Vineyard Public Schools
 (Organization)

with written notice of my intent to withdraw consent to a CORI check.

I also understand, that Martha's Vineyard Public Schools may conduct
 (Organization)
 subsequent CORI checks within one year of the date this Form was signed by me.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature of CORI Subject

Date



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SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting.
The fields marked with an asterisk (*) are required fields.

* First Name: _____ Middle Initial: _____

* Last Name: _____ Suffix (Jr., Sr., etc.): _____

Former Last Name 1: _____

Former Last Name 2: _____

Former Last Name 3: _____

Former Last Name 4: _____

* Date of Birth (MM/DD/YYYY): _____ Place of Birth: _____

* Last **SIX** digits of Social Security Number: _____ -- _____ No Social Security Number

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

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

Father's Full Name: _____

Mother's Full Name: _____

Current Address

* Street Address: _____

Apt. # or Suite: _____ *City: _____ *State: _____ *Zip: _____

SUBJECT VERIFICATION

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

Verified by:

Print Name of Verifying Employee

Signature of Verifying Employee

Date