

**BRISTOL COUNTY AGRICULTURAL HIGH SCHOOL**

135 CENTER STREET  
DIGHTON, MASSACHUSETTS 02715

SUPERINTENDENT/ DIRECTOR  
ADELE G. SANDS

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GBRCA  
CH385  
FE333

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

Bristol County Agricultural High School 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, bus drivers, volunteers, license applicants and current licensees.

As a prospective or current employee, subcontractor, volunteer, bus drivers, license applicant and current licensees, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to Bristol County Agricultural High School 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 Bristol County Agricultural High School with written notice of my intent to withdraw consent to a CORI check.

Bristol County Agricultural High School may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, Bristol County Agricultural High School 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 on this Acknowledgement Form is true and accurate.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Reason for Request/Position  
(e.g. volunteer, teacher, coach, etc. )

PLEASE COMPLETE THE FOLLOWING LEGIBLY:

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

Prior Last Names, Maiden or Alias (if applicable) \_\_\_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Date of Birth  
(Required) (xx-xx-xxxx)

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Last Six Digits of Social Security #  
(Required) (xx-xxxx)

\_\_\_\_\_  
Gender

\_\_\_\_\_  
Place of Birth (City & State)

\_\_\_\_\_  
Mother's Maiden Name

Current Address: \_\_\_\_\_

Former Address(es) (5 yrs. prior): \_\_\_\_\_

\_\_\_\_\_  
Driver's License No./Issuing State

\_\_\_\_\_  
Height

\_\_\_\_\_  
Weight

\_\_\_\_\_  
Eye Color

\*\*\*\*\*

The above information was verified by reviewing the following form of non-expired government issued photographic identification:

MA Driver's License     MA Identification     Passport     Other \_\_\_\_\_

Requested By: \_\_\_\_\_  
Verifying Employee

Approved: \_\_\_\_\_  
Adele G. Sands, Superintendent/Director