



WESTPORT COMMUNITY SCHOOLS

Office of the Superintendent

CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

DR. ANN DARGON
Superintendent
508-636-1140

MR. MICHAEL PURDY
Technology Integration
Supervisor
508-636-1140 x4055

MS. ELAINE SANTOS
Special Education
508-636-1140 x4011

MR. JOHN DEFUSCO
Grants Coordinator
508-636-1140 x4005

MR. MICHAEL DUARTE
District Maintenance
508-636-1140 x4041

MS. MICHELLE RAPOZA
Student Services &
Transportation
508-636-1140 x4020

MS. KIM OUELLETTE
District Custodians &
Facilities Usage
508-636-1140 x4042

Westport Community Schools 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, chaperones, and volunteers.

As a prospective or current employee, subcontractor, volunteer, chaperone, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to **Westport Community Schools** 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 **Westport Community Schools** with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT OR VOLUNTEER, PURPOSES ONLY: The **Westport Community Schools** may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that **Westport Community Schools** 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 Page 2 of this Acknowledgement Form is true and accurate.

SIGNATURE

DATE

As an applicant/employee for the position of _____



WESTPORT COMMUNITY SCHOOLS

Office of the Superintendent

SUBJECT INFORMATION

All Fields are **REQUIRED**

Please Print Legibly in Pen

Last Name First Name Middle Initial Suffix (Jr. Sr. II)

Maiden or Alias' Name

Phone Number

Date of Birth

Place of Birth

Last Six Digits of Your Social Security Number: ____ - ____ - ____

For Office Use Only:

VERIFIED BY: _____
Name of Verifying Employee (Please Print)

Signature of Verifying Employee

The following information (attached) was verified by reviewing the following form(s) of government issued photo identification (please circle):

Drivers License

Passport

Military I.D.

State I.D.