South Elementary School

School requesting information (REQUIRED)

Position

CORI REQUEST FORM

Stoughton Public Schools is registered under the provision of M.G.L. c.6, § 172 to receive 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, or volunteer, I understand that a CORI check will be submitted for my personal information to the Massachusetts Department of Criminal Justice Information Services (DCJIS). I hereby acknowledge and provide permission to the Stoughton School District 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 Stoughton School District with written notice of my intent to withdraw consent to a CORI check.

Applicant/Employee Signature
(Unless otherwise preempted by law)

Date

APPLICANT/EMPLOYEE INFORMATION (Please Print Clearly)

Last Name | First Name | Middle Name

Maiden Name/ALIAS (If Applicable)

Mother's Full & Maiden Name

Father's Full Name

Date Of Birth: ___ /___ /_____

Place Of Birth: _____

Last **SIX** digits of SOCIAL SECURITY NUMBER: ____ ____ - ____ ____ ____ ____

Current and Former Addresses:

Sex: ____ Height: ___ft. ___in. Eye Color: _____ Driver's Lic #:_____**
(Include state of issue)

**THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC INDENTIFICATION: _____

REQUESTED BY: Juliett Miller
SIGNATURE OF C.O.R.I. AUTHORIZED EMPLOYER

Revised 9/16/25