



WESTPORT COMMUNITY SCHOOLS

Office of the Superintendent

CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

DR. ANN MARIE DARGON
Superintendent
508-636-1140

MR. PRAVEEN SINGHAL
Business Manager
508-636-1140

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

MR. JOHN DEFUSCO
Grants Coordinator
505-636-1140 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

MS. DONNA LAMONTAGNE
Extended Day
Coordinator
508-636-1075

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 (Leave Blank if Same as Above) or Alias' Name

Phone Number

Date of Birth (mm/dd/yyyy)

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.