



# WESTPORT COMMUNITY SCHOOLS

## Office of the Superintendent

THOMAS F. AUBIN  
Interim Superintendent  
508-636-1140

KERRI MCKINNON  
Interim Assistant  
Superintendent  
508-636-1140 x4203

MICHELLE RAPOZA  
Business Manager,  
Student Services &  
Transportation  
508-636-1140 x4020

ELAINE SANTOS  
Special Education  
& Pupil Personnel  
508-636-1140 x4011

DARREN ELWELL  
Director of Curriculum  
508-636-1140 x4005

KRISTIN MCDANIEL  
Human Resources  
508-636-1140 x4030

ANTHONY TOMAH  
Technology Director  
508-636-1140 x4050

MICHAEL DUARTE  
District Maintenance  
508-636-1140 x4041

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

JENNIFER CHAVES  
Extended Day  
Director  
508-636-1140 x4425

17 Main Road • Westport,  
MA 02790-4202  
wcsdist@westportschools.org

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

**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 DCJLS. 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 \_\_\_\_\_

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

- Driver's License
- Passport
- Military I.D.
- State I.D.

It is the policy of the Westport Community Schools to maintain a learning and working environment that is free from harassment, violence or discrimination based on actual or perceived race, color, creed, religion, national origin, sex/gender, marital status, homelessness, disability, sexual orientation, gender identity or expression, age, family care leave status, pregnancy or any condition related to pregnancy, or military/veteran status.

**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: \_\_\_\_\_

**Personal CORI Request Authorization**

I hereby swear, under penalties of perjury, that the information I have provided above is true to the best of my knowledge and belief.

\_\_\_\_\_  
*Signature of Individual Authorizing CORI Request*

\_\_\_\_\_  
*Date*

**Authentication of Signature**

Please note that ALL fields in this section must be completed by the Notary Public. This section does not need to be completed if you are currently incarcerated; please proceed to the next section.

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned Notary Public, personally appeared \_\_\_\_\_ (name of CORI requestor) and proved to me through satisfactory evidence of identification, which was \_\_\_\_\_ (Ex: Driver's license, passport, etc.), to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he)(she) signed it voluntarily for its stated purpose.

\_\_\_\_\_  
*Signature of Notary Public (Notary stamp or seal is also required)*

\_\_\_\_\_  
*Date my Commission expires*

