

## **CORI/SORI** Authorization Form

Pursuant to Massachusetts General Laws, Chapter 71, Section 38R, I hereby authorize the Boston Public Schools to obtain and review my Criminal Offender Record Information (CORI) as provided by the Criminal History System Board. Boston Public Schools has been certified by the Criminal History Systems Board for access to BOSPS. Additionally, I authorize Boston Public Schools to use local and national sexual offender registry information to determine if I pose an unreasonable risk to the children within Boston Public Schools.

## ALL FIELDS ARE MANDATORY Please print CLEARLY

School/Department/N	Name of Requestor:				
Reques	tor's Email Address:				
Employee / New Hire (List the position you currently hold or have applied for)  Position Title:		Non – Employee (Cl Parent Volunte Non – Parent V	er	elow)	
		☐ Contractor/Subcontractor Company Name ☐ Other			
First Name:		(Last Name)			
Current Address:			-1		
Former Address:					
Maiden/Alias Name: (if applicable)					
Birth Date:		City in which you were born:			
Social Security Number: (LAST 6 DIGITS ONLY)		Mother's Maiden Name:			
Driver's License Number:		Demographics:	Gender:	Male	Female
State in which it was issued:			Height:	Feet	
			Eye Color:	Brown _	_ BlueGreen
Your Signature:					
Date:					
For Internal BPS Use ONLY					
Which Form of Gov't Issued Photo ID used:		Driver's License _	Passport	Other	

**SUBMIT TO:** 

Email: cori@bostonpublicschools.org

Fax: (617) 635-9672