

# School CORI Evaluation Acknowledgement Form

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New  Renewal  FY2025-FY2026

Batch # \_\_\_\_\_ of \_\_\_\_\_

Name of School \_\_\_\_\_  
Town/City \_\_\_\_\_  
Principal/Headmaster/President \_\_\_\_\_  
CORI Coordinator \_\_\_\_\_  
Phone Number \_\_\_\_\_ Ext \_\_\_\_\_ Email \_\_\_\_\_

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Please check the type of CORI Submitted: *(Submit one type of CORI per batch)*

Educators  Staff  Volunteers  Contractors

First Name in Batch: (first and last name) \_\_\_\_\_

Last name in Batch: (first and last name) \_\_\_\_\_

Total Number of CORI Submitted in this batch \_\_\_\_\_

Batch Submitted by \_\_\_\_\_ Date \_\_\_\_\_

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To be completed by the Office of Background Screening.

The \*Massachusetts CORI in this batch have been evaluated and cleared

One or more of the Massachusetts CORI Results requires further action\*\*

\*\*The Principal, Headmaster, or President will be notified of the results.

Evaluation Completed By \_\_\_\_\_ Date \_\_\_\_\_

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***\*Important: If an individual's current residence is outside of Massachusetts, they must obtain a CORI from that state and submit the results to you.***

*This form must be completed each time you submit a batch. More than one batch of CORI may be included in a mailing. A copy of this form will be returned to you by fax/email once the CORI has been evaluated.*

***Please keep a copy of all completed forms for your records.  
Mailing Address: Office of Background Screening, 66 Brooks Drive, Braintree, MA 02184***