

School CORI Evaluation Acknowledgement Form

New ☐

Renewal ☐

FY2025-FY2026

Batch # _____ of _____

Name of School _____

Town/City _____

Principal/Headmaster/President _____

CORI Coordinator _____

Phone Number _____ Ext _____ Email _____

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 _____

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 _____

****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