CRIMINAL OFFENDER RECORD INFORMATION ("CORI")
INDIVIDUAL AGREEMENT OF NON-DISCLOSURE & STATEMENT OF CORI CERTIFICATION COMPLIANCE

I understand that any person who willfully requests, obtains, or seeks to obtain criminal offender record information (CORI) under false pretenses or who willfully communicates or seeks to communicate CORI to any agency or person except in accordance with the provisions of M.G.L. c.6, §§168 through 178B, inclusive, shall for each offense be fined not to exceed five thousand dollars ($5,000.00), or imprisoned in a jail or house of correction for up to one year, or both and/or may be ordered by the Criminal History Systems Board to pay civil fines not to exceed five hundred ($500.00) for each willful violation.

I understand that CORI certification authorizes me to only request, access, and review CORI to the extent authorized by the CHSB. The extent of the certification will be included in the agency's CORI certification letter, and I agree to read, understand, and request CORI only for those individuals for which the CHSB has granted certification.

I have reviewed, understand, and agree to comply with the CHSB audit guidelines that are available at www.mass.gov/chsb. I agree to store and disseminate CORI consistent with these guidelines.

I understand how to read and interpret a CORI report and have reviewed the information provided by the CHSB entitled, "How to Read a BOP," that is available at www.mass.gov/chsb. I agree to provide all applicants with a copy of their CORI upon request so they may review it.

I understand that all agencies certified to access CORI are required to maintain an agency CORI policy and will review the Model CORI policy that is available at www.mass.gov/chsb.

I also understand that a criminal record check will be conducted on me by the Criminal History Systems Board as a prerequisite to my having authorization for access to CORI. You will only be notified if you are determined inappropriate to access CORI.

Signed this _____ day of _____, 20____.

_____
Signature

_____ _____ _____
Last Name First Name Middle Initial

_____ _____
Date of Birth (MM/DD/YY) Social Security Number (requested but not required)

_____ _____ _____
Job Title Driver's License # State

_____ _____
Agency/Business Agency Code (if previously certified)

_____
Address

This document is to be completed by ALL persons employed by, contracted with, or otherwise operating in association with the herein named agency, and who may have access to CORI.

Agawam Public Schools - 2005
Approved by School Committee on November 22, 2005, by a vote of 7 - 0