

**Sex Offender Registry Information (SORI)
Request/Acknowledgement Form**

As an applicant/employee/volunteer for the position of _____
I authorize Somerset Public Schools and Somerset Berkley Regional School District to use local
and national Sexual Offender Registry Information to determine if I pose an unreasonable risk to
students.

Last Name

First Name

Signature

Date

Information below to be completed by the District or Supervising Contractor

The above information was verified by reviewing the following form of non-expired
government issued photographic identification:

Ma Driver's License **MA Identification** **Passport**

Other _____

Signature of Verifying Employee _____
& School System

Requested by: Jeffrey Schoonover
Superintendent of Schools