



### M.G.L. c. 6, § 178I REQUEST FOR SEX OFFENDER REGISTRY INFORMATION (SORI)

All requests for sex offender information must be made on this form and mailed to the Sex Offender Registry Board, Attn: SORI Coordinator, P.O. Box 4547, Salem, MA 01970, along with a self-addressed stamped envelope. The Board will provide a report that includes the following information: whether the person identified is a sex offender with an obligation to register, the offense(s) for which the offender was convicted or adjudicated, and the date(s) of the conviction(s) or adjudication(s). Please be advised that the law only permits the public to receive information on sex offenders required to register and finally classified by the Board as a level 2 (moderate risk) or level 3 (high risk) offender. Therefore, information is not available to the public if the identified individual is a level 1 (low risk) offender or if he/she has not yet been finally classified by the Board.

All requests shall be recorded and kept confidential, except to assist or defend in a criminal prosecution.  
Organization: Heart of New England Council, BSA, 1980 Lunenburg Road, Lancaster MA 01523, 978-5343532

I swear under the pains and penalties of perjury that I am the below-named person, at least 18 years of age, and I am requesting information for my own protection, the protection of a child under 18 years of age, or for the protection of another person for whom I have responsibility, care or custody.

Subject's signature: \_\_\_\_\_ Date: \_\_\_\_\_

### CRIMINAL OFFENDER RECORD INFORMATION (CORI) Acknowledgement Form

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT, VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES. Heart of New England Council, BSA, Inc. is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing. As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to Heart of New England Council, BSA, Inc. to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing Heart of New England Council, BSA, Inc. with written notice of my intent to withdraw concern to a CORI check. I also understand, that Heart of New England Council, BSA, Inc. may conduct subsequent CORI checks within one year of the date this form was signed by me.

By signing below, I provide by consent to a CORI check and affirm the information provided below is true and accurate.

Subject's signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Last Name (Print) First Name (Print) Middle Name Suffix  
\_\_\_\_\_  
Maiden name (or other name(s) by which you have been known) / / Date of Birth (MM/DD/YYYY) - Last 6 Digits of SSN

CURRENT ADDRESSES: \_\_\_\_\_  
Street Number & Name City/Town State Zip Code

Personal identifying characteristics:  
Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_  
If additional information is needed, please contact the Requestor at the telephone number above.

\*\*\*\*\*WARNING\*\*\*\*\*

SEX OFFENDER REGISTRY INFORMATION SHALL NOT BE USED TO COMMIT A CRIME OR TO ENGAGE IN ILLEGAL DISCRIMINATION OR HARASSMENT OF AN OFFENDER. ANY PERSON WHO USES INFORMATION DISCLOSED PURSUANT TO M.G.L. C. 6, §§ 178C - 178Q FOR SUCH PURPOSES SHALL BE PUNISHED BY NOT MORE THAN TWO AND ONE HALF (2 1/2) YEARS IN A HOUSE OF CORRECTION OR BY A FINE OF NOT MORE THAN ONE THOUSAND DOLLARS (\$1000.00) OR BOTH (M.G.L. C. 6, § 178N). IN ADDITION, ANY PERSON WHO USES REGISTRY INFORMATION TO THREATEN TO COMMIT A CRIME MAY BE PUNISHED BY A FINE OF NOT MORE THAN ONE HUNDRED DOLLARS (\$100.00) OR BY IMPRISONMENT FOR NOT MORE THAN SIX (6) MONTHS (M.G.L. C. 275, § 4).

The above information was verified by reviewing the following form(s) of government-issued identification:

Verified By: \_\_\_\_\_  
Name of Verifying Employee (Please Print)

Signature of Verifying Employee: \_\_\_\_\_