Commonwealth of Massachusetts Sex Offender Registry Board

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

his form and mailed to	nder ir															S	ORB US	SE ONI	LY						
Attn: SORI Coordinato																									
long with a self-addres	sed sta	mped	l env	elop	e. T	he B	oard	will																	
provide a report that include the person identified is a sex of offense(s) for which the offelate(s) of the conviction(s) the law only permits the pulticequired to register and fine moderate risk) or level 3 (be so not available to the publicitisk) offender or if he/she he goard.	fender wa ender wa or adjud plic to re ally class aigh risk c if the id	with an as convication ication	oblig victed a(s). inform by the ader. led ind	gation d or a Pleas matio e Boa Thero dividi	to redjudi se be on on rd as efore, ual is	egiste advi sex o a le info a le	er, th d, and sed to offend vel 2 orma vel 1	e d the hat ders																	
All requests shall be reconssist or defend in a crim				nfide	ntial,	, exc	cept	to	L																
Requestor's name:														I	Date	of b	irth:								
Organization name: (if an	ıy)																								
Address:														1	Гeleр	hon	ne nui	nber	r: (_).					
for my own protection, th																	s of a								
are or custody.	ne prote	ection	of a	child	l und	er 1	8 ye	ars o	f ag	e, oı	for	the pi	rotec	ction	of a	not	ther p	erso	n fo		om I	have	e res	spon	
are or custody. Requestor's signature:	ne prote	ection	of a	child	l und	er 1	8 ye	ars o	f ag	e, oi	for	the pr	rotec	ction I	of a	not:	ther p	erso	on fo	or wh	om I	have	e res	spon —	sibil
are or custody. Requestor's signature: hereby request that the fol	ne prote	ection	of a	child	l und	er 1	8 ye	ars o	f ag	e, oi	for	the pr	rotec	ction I	of a	not:	ther p	erso	on fo	or wh	om I	have	e res	spon —	sibil
are or custody. Requestor's signature: hereby request that the foll Subject's LAST NAME:	lowing i	ection	of a	child	l und	er 1	8 ye	ars o	f ag	e, oi	for	the pr	rotec	ction I	of a	not:	ther p	erso	on fo	or wh	om I	have	e res	spon —	sibil
are or custody. Requestor's signature: hereby request that the foll Subject's LAST NAME: Subject's FIRST NAME:	lowing i	ection	of a	child	l und	er 1	8 ye	ars o	f ag	e, oi	for	the pr	rotec	ction I	of a	not:	ther p	erso	on fo	or wh	om I	have	e res	spon —	sibil
are or custody. Requestor's signature: hereby request that the following subject's LAST NAME: Subject's FIRST NAME: Subject's MIDDLE INITI	lowing i	nforma	of a	child	l und	er 1	8 ye	ars o	f ag	e, oi	for	the pr	rotec	ction I	of a	not:	ther p	erso	on fo	or wh	om I	have	e res	spon —	sibil
care or custody. Requestor's signature: hereby request that the following subject's LAST NAME: Subject's FIRST NAME: Subject's MIDDLE INITI	lowing i	nforma	ation	be us	sed to	er 1	8 ye	ars o	ether	e, on	ident	ified:	rotec	ction I	of a	not:	offer	erso	requ	or wh	om I	have	e res	spon —	sibil
are or custody. Requestor's signature: hereby request that the foleoubject's LAST NAME: Subject's FIRST NAME: subject's MIDDLE INITI	lowing i	nform:	ation	be us	l und	dete	8 ye	ars o	ether	r the	ident	Y	indiv	ction I	of a	not:	offer	erso	requ	or wh	om I	have	e res	spon —	sibil
are or custody. Requestor's signature: hereby request that the following process subject's LAST NAME: Subject's FIRST NAME: Subject's MIDDLE INITI Date of birth or approxim	lowing i	nform:	ation M	be us	l und	dete	8 ye	ars o	ether	r the	ident	Y	indiv	ction I	of a	not:	offer	erso	requ	or wh	om I	have	e res	spon —	sibil
care or custody. Requestor's signature: hereby request that the following subject's LAST NAME: Subject's FIRST NAME: Subject's MIDDLE INITI Date of birth or approxim Address (PRINT): Personal identifying characteristics	lowing i	nform:	ation M	be us	l und	dete	8 ye	ne wh	ether	r the	ident	Y	indiv	I	Date	sex	c offer	ader 1	on fo	or wh	om I	have	e res	spon —	sibil
for my own protection, the care or custody. Requestor's signature: hereby request that the following for the following	lowing i AL: ate age:	nform:	of a ation	be us	l und	deta	8 ye	ne wh	f age	r the	ident	Y ::	indiv	H	Date	sex	c offer	ader 1	requi	iired to	om I	ster i	e res	spon —	sibil
are or custody. Requestor's signature: hereby request that the following subject's LAST NAME: Subject's FIRST NAME: Subject's MIDDLE INITI Date of birth or approxim Address (PRINT): Personal identifying character: Race:	lowing i AL: ate age:	nform:	of a ation	be us	l und	deta	8 ye	ne wh	f age	r the	ident	Y ::	indiv	H	Date	sex	c offer	ader 1	requi	iired to	om I	ster i	e res	spon —	sibil

If additional information is needed, please contact the Requestor at the telephone number above.

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 ½) 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).