## Commonwealth of Massachusetts Sex Offender Registry Board

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

this form and mailed to the Sex Offender Registry Board,										SORB USE ONLY													
Attn: SORI Coordinator, P.																							
01862, along with a self-add Board will provide a report that i																							
whether the person identified is a																							
register, the offense(s) for which																							
adjudicated, and the date(s) of th						).																	
Please be advised that the law or						.: <i>C</i> : 1																	
information on sex offenders requ by the Board as a level 2 (moder																							
Therefore, information is not ava																							
individual is a level I (low risk) of	offend	er or if l	he/she	e has not	yet b	een																	
finally classified by the Board.																							
All requests shall be recorded	and l	kept co	nfide	ntial, ex	cept	to																	
assist or defend in a criminal	prose	cution.		For H	uma	n Res	soui	rces	Use (	Only	,												
Requestor's name: Human Resources -												1	Date	of bi	rth:								
O	Brist	ol Com	nunit	y Colleg	e																		
Organization name: (if any)					· —																		
777 Elsbree Street Address:												7	Гeleр	hone	nuı	nber	: (_7	774)	357	-219	5		
Fall River, MA 0272	0																						
I swear under the pains and pe																							
for my own protection, the pro-	otecti	on of a	child	l under	18 y	ears o	f ag	ge, or	for	the p	rote	ction	of a	noth	er p	erso	n foi	r wh	om l	hav	e res	spon	sibility
care or custody.																							
Requestor's signature:												]	Date	: _									
I hereby request that the following	g info	ormation	be us	sed to de	termi	ine wh	ethe	er the	ident	ified	indi	vidua	ıl is a	sex o	offen	ıder 1	equi	red t	o reg	ister	in M	assa	chusetts
Subject's LAST NAME:																							7
Subject's FIRST NAME::																							
-				<u> </u>		<u> </u>	<u> </u>		1	1	l			I .	l		1	1			<u> </u>	1	
Subject's MIDDLE INITIAL:	L																_						
Date of birth or approximate age: / / /																							
		M	M	D	D		Y	Y	Y	Y					A	AGE	,						
Address (PRINT):																				_			
Personal identifying characteri	stics:																						
Sex: Race:	Race: Height: Weight:								Color	:		Н	air (	Color	:		_						
Other information (e.g. license	plate	numbe	r, par	ents' na	mes,	etc.):																	
If additional information is	needa	ed nles	ise ca	ontact 1	he P	eane	sto	r at t	he ta	olenk	ากทค	niir	nher	· aho	Ve								

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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).