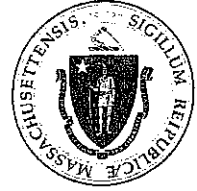




THE COMMONWEALTH OF MASSACHUSETTS
 EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
 Department of Criminal Justice Information Services
 200 Arlington Street, Suite 2200, Chelsea, MA 02150
 TEL: 617-660-4640 | TTY: 617-660-4606
 MASS.GOV/CJIS



Criminal Offender Record Information (CORI)
Personal Request Form

If you have a valid Massachusetts driver's license or ID, you must submit your request online at mass.gov/cjis.

This form is only to be used to request **your own personal CORI information**.

In Massachusetts, it is illegal for an employer or any other entity to require someone to provide a copy of his/her personal CORI.

A money order or bank issued Cashier's or Treasurer's check in the amount of **\$25.00 made out to the Commonwealth of Massachusetts** must be submitted with this form. These are the only acceptable forms of payment. **Do not send cash, personal checks, or business checks.** This form, along with payment or indigency waiver, must be mailed to the address above, **Attn: CORI Unit.**

REQUEST INFORMATION

* Are you submitting an indigency waiver? Yes No

NOTE: You will need to submit an **Affidavit of Indigency waiver** if you are indigent. The Affidavit of Indigency waiver form can be found at www.mass.gov/lists/cori-forms

REQUESTOR DETAILS

Type or print clearly. Items marked with an asterisk (*) MUST be completed.

* First Name: _____ Middle Initial: _____

* Last Name: _____ Suffix (Jr., Sr., etc): _____

* Date of Birth (MM/DD/YYYY): _____ Probation Central File (PCF) Number(s) (if known): _____

* Last **SIX** digits of your Social Security Number: _____ -- _____ I do not have a Social Security Number

Parent 1 First Name: _____ Parent 1 Last Name: _____

Parent 2 First Name: _____ Parent 2 Last Name: _____

Check this box if you would **ALSO** like to request your personal CORI with your former last name(s):

Former Last Name 1: _____

Former Last Name 2: _____

Mailing/Email Address

* Street Address: _____ Apt. or Suite #: _____

* City: _____ *State: _____ *Zip: _____

* Phone #: _____

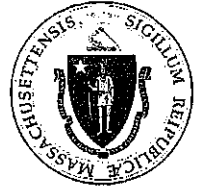
OR

Check here to receive your results electronically by secure email. Results will not be mailed.

Email address: _____



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Personal CORI Request Authorization

I hereby swear, under penalties of perjury, that the information I have provided above is true to the best of my knowledge and belief.

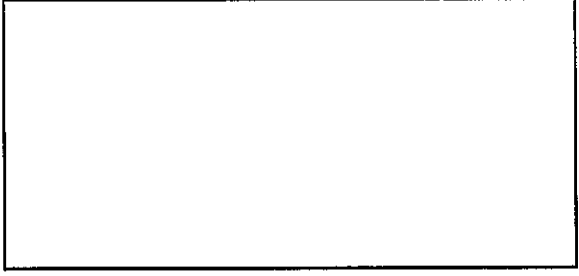
Signature of Individual Authorizing CORI Request _____
Date

Authentication of Signature

ALL fields in this section must be completed by the Notary Public. If you are currently incarcerated - proceed to the next section.

On this _____ day of _____, 20____, before me, the undersigned Notary Public, personally appeared _____ (name of CORI requestor) and proved to me through satisfactory evidence of identification, which was _____ (Ex: Driver's license, passport, etc.), to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he)(she) signed it voluntarily for its stated purpose.

Signature of Notary Public (Notary stamp or seal is also required) _____
Date my Commission expires



Correctional Facility Information

If you are currently incarcerated, a correctional facility official MUST complete the following section:

Name and rank of Correctional Facility Official (Please print) _____
Phone Number

Address of Correctional Facility

Signature of Correctional Facility Official _____
Date