



**Commonwealth of Massachusetts Sex Offender Registry Board
M.G.L. c. 6, § 178I REQUEST FOR SEX OFFENDER REGISTRY INFORMATION**

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.

Requestor's name: Rick Riopelle, Program Director **Date of birth:** _____
Organization name: Knox Trail Council, Boy Scouts of America
Address: 2 Mount Royal Avenue, Suite 100, Marlborough, MA 01752 **Telephone number:** 508-872-6551

I swear under the pains and penalties of perjury that I am the above-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.

Requestor's signature: _____ **Date:** _____

I hereby request that the following information be used to determine whether the identified individual is a sex offender required to register in Massachusetts.

Volunteer/Prospective Employee – Fill-In the Following Information

Subject's LAST NAME: _____

Subject's FIRST NAME: _____

Subject's MIDDLE INITIAL: _____

Date of birth: ____/____/____ **Or approximate age:** _____

Address (PRINT): _____

Personal identifying characteristics:

Sex: ____ **Race:** ____ **Height:** ____ **Weight:** ____ **Eye Color:** ____ **Hair Color:** ____

Other information (e.g. license plate number, parents' names, etc.): _____

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

Return this to: Knox Trail Council, BSA, Attn: Reservation Director, 2 Mt. Royal Ave., Suite 100, Marlborough, MA 01752

*****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 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).

SOR Form 4 (05/11)

2 Mount Royal Avenue, Suite 100
Marlborough, MA 01752
508-872-6551 voice
508-872-9092 fax
www.ktc-bsa.org

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