



City of Medford

BOARD OF HEALTH

City Hall - Room 311
85 George P Hassett Drive
Medford, Massachusetts 02155

Telephone
(781) 393-2560
FAX: (781) 393-2562
TDD: (781) 393-2516

MaryAnn O'Connor
Director
Board of Health

CRIMINAL OFFENDER RECORD INFORMATION (CORI)

Date: _____

Medford, MA Board of Health has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data.

As an applicant for a _____ (Body Art or Massage) Practitioner license, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

Applicant Signature

APPLICANT INFORMATION (PLEASE PRINT)

LAST NAME FIRST NAME MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE) PLACE OF BIRTH

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER _____ - _____ - _____

CURRENT ADDRESS: _____

ALL FORMER ADDRESSES: _____

SEX: _____ HEIGHT: _____ feet, _____ inches WEIGHT: _____ EYE COLOR: _____

STATE DRIVER'S LICENSE NUMBER: _____

***** THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION:** _____

REQUESTED BY: _____

SIGNATURE OF CORI AUTHORIZED EMPLOYEE



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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, 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: _____ Date of Birth: _____

Address: _____ Telephone: _____

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, and 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.

Subject's Name: _____ Signature: _____

Date of Birth or approximate age: _____ Address: _____

Personal identifying characteristics:

Sex: _____ Race: _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

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

***** **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. 6, § 178c-178P FOR SUCH PURPOSES SHALL BE PUNISHED BY NOT MORE THAN TWO AND ONE HALF (2 1/2) YEARS IN A HOUSE OF CORECTION OR BY A FINE OF NOT MORE THAN ONE THOUSAND (\$1000.00) OR BOTH (M.G.L. 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 THAT ONE HUNDRED (\$100.00) OR BY IMPRISONMENT FOR NOT MORE THAN SIX (6) MONTHS (M.G.L. 275, § 4).