

OBTAINING YOUR OWN CRIMINAL RECORD

For a copy of your own criminal record, this form must be notarized and mailed to our office with a self-addressed, stamped envelope.

Please be advised that if you have requested a copy of your own criminal record for the purpose of employment, the most recent amendment to the C.O.R.I. law states that:

"...except as authorized by this chapter it shall be unlawful to request or require a person to provide a copy of his criminal offender record information (C.O.R.I.)" (Massachusetts General Laws, Chapter 6, Section 172)

In order for any person, governmental agency or business to access a person's criminal record, they must make application to this agency, be certified by the Criminal History Systems Board and have your written approval. The general public may request a person's criminal record under the public access law. This law allows conviction information on persons who have recently been involved with the criminal justice system following a conviction. This information is available to anyone, including an employer, without the consent of the person whose record is being obtained.

Your notarized form should include a self-addressed, stamped envelope and be mailed to:

CRIMINAL HISTORY SYSTEMS BOARD
200 Arlington St.
2200, Room 2111
Chelsea, MA 02150

The Commonwealth of Massachusetts
Executive Office of Public Safety
Criminal History Systems Board
Criminal Justice Information System
200 Arlington Street, Suite 2200
Chelsea, Massachusetts 02150
(617) 660-4600

PERSONAL CRIMINAL RECORD REQUEST FORM

If you want a copy of your own record, use this form and return it to the address above with a self-addressed, stamped envelope. You will receive a response by mail.. **YOU MUST HAVE YOUR SIGNATURE NOTARIZED BY A NOTARY PUBLIC BEFORE YOUR REQUEST CAN BE PROCESSED.** No walk in service is available. (PLEASE PRINT)

** Please check here if you need this for immigration /adoption purposes: _____

NAME: _____
.....LAST.....FIRST.....MIDDLE

MAIDEN NAME / ALIAS: _____

DATE OF BIRTH: _____ (MM/DD/YY)

SOCIAL SECURITY NUMBER: _____

ADDRESS: _____

.....
.....TOWN.....STATE.....ZIP CODE

MOTHER'S MAIDEN NAME: _____

I swear that I am the above named person under the pains and penalties of perjury, and further acknowledge that I am aware that Massachusetts law prohibits a person from requesting or requiring me to. produce a copy of my own record, unless so authorized by the Criminal History Systems Board.

SIGNATURE OF APPLICANT: _____ DATE: _____

AUTHENTICATION OF SIGNATURE BY NOTARY PUBLIC

_____ ss.

COUNTY

Then appeared before me the above named, swore the statements made herein to be true.

DATED: _____ NOTARY PUBLIC: _____

MY COMMISSION. EXPIRES : _____-