



**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: _____ Date of birth: _____
 Organization name: Mayflower 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: Mayflower Council, BSA, Attn: Camp 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.mayflowerbsa.org

