



Natick Recreation and Parks Department

"People Driven. Service Focused."

• APPLICANT... PLEASE COMPLETE •	
Program Name _____	
<input type="checkbox"/> Volunteer	<input type="checkbox"/> Paid Staff

**COMMONWEALTH OF MASSACHUSETTS
SEX OFFENDER REGISTRY BOARD
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: _____ Karen Partanen _____

Address: _____ 179 Boden Lane _____

_____ Natick, MA 01760 _____

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.

Requested by: _____ Karen Partanen, Director _____ Karen Partanen • Director • NRPD _____

Signature of SORI Authorized Employee

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

COMPLETED FORM MUST BE RETURNED TO THE RECREATION AND PARKS DEPARTMENT

Subject's Name: _____ **Date of Birth:** ____/____/____

(*Please Use Actual (Legal) Given Name • NO NICKNAMES OR SHORTENED NAMES)

Address: _____

Please DO NOT use PO Box Numbers

Town, State and ZIP

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. C. 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 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).

(NR&PD 05/21)



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• APPLICANT...PLEASE FILL IN•

Program Name _____

Volunteer Paid Staff

NRPHS
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CHAPTER 6 § 172G CORI REQUEST FORM

Natick Recreation and Parks Department has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data.

As an applicant/employee for the **position of** _____, 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 (Employee/Volunteer) Signature

A GOVERNMENT ISSUED PHOTO ID MUST ACCOMPANY THE CORI FORM.

Note: A current driver's license (no permits), current passport or school ID are all acceptable types of photos. Please leave copied photo on an 8-1/2" x 11" piece of paper... DO NOT CUT.

⇒ If no picture ID - A Birth Certificate will be accepted

CLASS PICTURES ARE NOT CONSIDERED GOVERNMENT ISSUED PHOTO ID'S

EMPLOYEE/VOLUNTEER INFORMATION (Please Print In INK - NOT PENCIL or Thick Markers)

Last Name First Name* Middle Name
(*Please Use Actual (Legal) Given Name • NO NICKNAMES OR SHORTENED NAMES)

Current Address: _____
Number (Please DO NOT use PO Boxes) Street

Town State ZIP CODE

Applicants Maiden Name or Alias (If you are/were married) Mothers Maiden Name

Date of Birth ____/____/____ X X X - -
MM DD YYYY Last 6 Digits of Social Security Number Place of Birth ID Theft Index PIN
(Required by Massachusetts Dept of Criminal Justice) (Town or City and State) (If Applicable)

Sex: M F Height: _____ ft. _____ in. Weight: _____ Eye Color: _____

Former Address(es): _____
Street (Please DO NOT use PO Boxes) Town ST Zip

Street (Please DO NOT use PO Boxes) Town ST Zip

State Driver's License Number: _____
State Number

Requested by: Karen Partanen Director Karen Partanen Director • NRPD
Signature of CORI Authorized Employee

COMPLETED FORM w/PHOTO ID MUST BE RETURNED TO THE RECREATION AND PARKS DEPARTMENT

• STAFF USE ONLY •

The above information was verified by reviewing the following form of government issued photographic

Identification: _____
ID Type Staff Initials Date