

ADVOCATE'S AUTHORIZATION TO SEEK MASSACHUSETTS CORI

Provide the below requested information, notarizing the signature of the individual named in the criminal record, and mail it, **along with a check or money order made payable to the Commonwealth of Massachusetts in the amount of \$25.00 pursuant to M.G.L. c.6, §172A** and a self-addressed stamped envelope to this agency. If you are indigent you may apply for a feewaiver pursuant to the provisions of M.G.L. c.261, §27A, please see the fee-waiver criteria below or visit our website at: www.mass.gov/chsb. Walk-in service is not available. If you are incarcerated and a notary public is not available, have an official of the correctional facility endorse same. This agency's mailing address is: the Criminal History Systems Board, 200 Arlington Street, Suite 2200, Chelsea, MA 02150 ATTN: CORI Unit.

IDENTIFICATION OF INDIVIDUAL AUTHORIZED TO INSPECT CRIMINAL RECORD

Last name	First name	Middle name
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Nature of advocacy

Mailing address	Town	State	Zip code
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IDENTIFICATION AND AUTHORIZATION OF THE INDIVIDUAL NAMED IN THE CRIMINAL RECORD

Last name	First name	Middle name
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Date of Birth (MM/DD/YY)	Social Security Number (requested but not required)	ID Theft Index PIN Number (if applicable, not required)
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I hereby authorize my above-named advocate _____, to obtain a copy of my criminal record on my behalf, from the Criminal History Systems Board. I further acknowledge that I am aware that Massachusetts law prohibits a person from requesting or requiring another person to produce a copy of his or her own record, unless so authorized by the Criminal History Systems Board, pursuant to M.G.L. c.6, §172. I hereby swear, under the penalties of perjury, that the information I have provided above is true and to the best of my knowledge and belief.

Signature of individual named in criminal record	Date
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AUTHENTICATION OF SIGNATURE BY NOTARY PUBLIC OR CORRECTIONAL FACILITY

_____, SS.

The above-named individual, whose record is being requested, _____, appeared before me, the undersigned authority, this _____ day of _____, 200____ and acknowledge the foregoing signature to be made of his or her own true free act and deed.

Notary public	Correctional Facility Official (give rank and title)
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My commission expires	Correctional Facility Address and Phone
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