



**The Commonwealth of Massachusetts**  
**Department of Criminal Justice Information Services**  
Victim Services Unit  
200 Arlington Street, Suite 2200  
Chelsea, MA 02150

**VICTIM NOTIFICATION REGISTRY**  
**REGISTRATION CANCELLATION REQUEST**

**Instructions:**

1. Complete the information below. Please PRINT CLEARLY.
2. Send this form to the Victim Services Unit either by email or mail:

VNR.info@mass.gov

OR

Dept. of Criminal Justice Information Services  
Victim Services Unit  
200 Arlington Street, Suite 2200  
Chelsea, MA 02150  
ATTN: VNR cancellation

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**Date**

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**Last Name, First Name**

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**Date of Birth**

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**File #**

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**Offender's Name**

I hereby request the cancellation of my registration in the Victim Notification Registry (VNR).

I no longer wish to receive notification regarding the offender's temporary, provisional, or final release from custody.

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**Registered Individual's Signature**