



THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY

*Department of Criminal Justice Information Services*

200 Arlington Street, Suite 2200, Chelsea, Massachusetts 02150, MASS.GOV/CJIS  
TEL: 617-660-4600 • TTY: 617-660-4606 • FAX: 617-660-4613

Charles D. Baker | Karyn E. Polito | Daniel Bennett | James F. Slater, III  
*Governor | Lieutenant Governor | Secretary of Public Safety and Security | Acting Commissioner*

## **Criminal Record Information (CORI and CHRI) Individual Agreement of Non-Disclosure**

I, \_\_\_\_\_, acknowledge that I have read and understand the provisions of Massachusetts General Laws, c. 6, §§ 167-178B, of which section 178 provides that it is a criminal offense for an individual or entity to “knowingly request, obtain or attempt to obtain criminal offender record information or a self-audit from the department under false pretenses, knowingly communicate or attempt to communicate criminal offender record information to any other individual or entity except in accordance with the provisions of sections 168 through 175, or knowingly falsify criminal offender record information, or any records relating thereto, or to request or require a person to provide a copy of his or her criminal offender record information except as authorized pursuant to section 172.” Unauthorized access to, or dissemination of, criminal offender information or a self-audit is punishable by a fine of not more than five thousand dollars (\$5,000.00), or imprisonment in a jail or house of correction for not more than one year, or both. If the offender is anyone other than a natural person, the fine may be increased to fifty thousand (\$50,000.00) for each offense. Any such violation also subjects me to a suit for civil damages and/or a civil fine of up to five thousand dollars (\$5,000.00) for each such violation. Furthermore, I acknowledge that I have read and understand the provisions of 28 C.F.R. 20.33 and the most recent version of the FBI CJIS Security Policy relating to access and dissemination of Federal Bureau of Identification (FBI) Criminal History Record Information (CHRI). Pursuant to 28 C.F.R. 20.33, I understand that CHRI may only be accessed and disseminated for one of the purposes set forth in 28 C.F.R. 20.33 and also understand that the penalty for a violation of said regulations may subject me to a civil fine of up to eleven thousand dollars (\$11,000.00), pursuant to 28 C.F.R. 20.25.

I also understand that a criminal record check will be conducted on me by the Criminal Justice Agency and/or the Department of Criminal Justice Information Services as a prerequisite to my having authorization to access CORI and/or CHRI. A fingerprint-supported criminal history record check may also be conducted depending on my level of access.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Full Name



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### Application for Access to CORI/CHRI

(Please Type or Print – this application MUST be completed in conjunction with the Criminal Record Information (CORI/CHRI) Individual Agreement of Non-Disclosure)

\_\_\_\_\_ Last Name First Name \_\_\_\_\_

\_\_\_\_\_ Middle Name or Initial Suffix (Sr., Jr, III, etc.) \_\_\_\_\_

\_\_\_\_\_ Maiden Name

Previous/Alias Names (if applicable):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Date of Birth XXX - \_\_\_\_ - \_\_\_\_\_ Social Security Number (last 6 only)

\_\_\_\_\_ Job Title

\_\_\_\_\_ Agency/Business Name

\_\_\_\_\_ Agency Address (Street Number, Street Name, City, State, and Zip Code)

*This document is to be completed by ALL persons employed by, contracted with, or otherwise operating in association with the herein names agency and who may have access to criminal history record information (CHRI/CORI). All fields (except Middle Initial, Suffix, Maiden Name, and Previous/Alias Names) are required.*