

SAMPLE FORM



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services
200 Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606
MASS.GOV/CJIS



READ↓

Criminal Offender Record Information (CORI) Personal Request Form

If you have a valid Massachusetts I.D. or driver's license and are not submitting an indigency waiver, you may submit your CORI request online at Mass.gov/CJIS. This form is only to be used to request **your own personal CORI information**. In Massachusetts, it is illegal for an employer or any other entity to require someone to provide a copy of his/her **personal CORI**.

A money order or bank issued Cashier's or Treasurer's check in the amount of \$25.00 made out to the Commonwealth of Massachusetts must be submitted with this form. Please note that these are the only acceptable forms of payment. **Do not send cash, personal checks, or business checks.** This form, along with payment or indigency waiver, must be mailed to the address above, Attn: CORI Unit.

REQUEST INFORMATION

* Are you submitting an indigency waiver? ☐ Yes ☒ No

Please note: You will need to submit an indigency waiver if you are indigent. The indigency waiver form can be found at <http://www.mass.gov/eopss/docs/chsb/affidavitofindigency.pdf>.

Requestor Details

Please type or print clearly. Items marked with an asterisk (*) MUST be completed.

* First Name: _____ Middle Initial: _____

* Last Name: _____ Suffix (Jr., Sr., etc): _____

* Date of Birth (MM/DD/YYYY): _____ Probation Central File (PCF) Number(s) (if known): _____

* Last SIX digits of your Social Security Number: _____ -- _____ ☐ I do not have a Social Security Number

Father's First Name: _____ Father's Last Name: _____

Mother's First Name: _____ Mother's Last Name: _____

☐ Please check this box if you would ALSO like to request your personal CORI with your former last name(s).

Former Last Name 1: _____

Former Last Name 2: _____

Former Last Name 3: _____

Former Last Name 4: _____

Mailing Address

* Street Address: _____

Apt. # or Suite: _____ *City: _____ *State: _____ *Zip: _____

Personal Phone Number: _____

Email Address: _____

PLEASE NOTE: If you are requesting your CORI for immigration purposes, and you have additional paperwork regarding the names requested, please attach a copy of the paperwork to this form.

Must be MA address; your CORI (background check results) will be sent here.

FILL OUT



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Personal CORI Request Authorization

I hereby swear, under penalties of perjury, that the information I have provided above is true to the best of my knowledge and belief.

Signature of Individual Authorizing CORI Request

Date

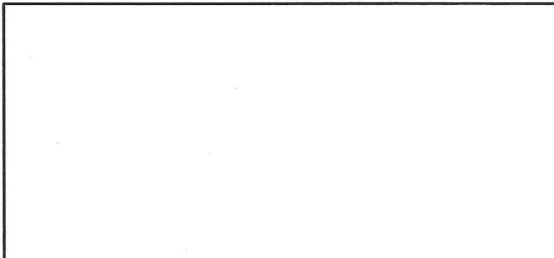
Authentication of Signature

Please note that ALL fields in this section must be completed by the Notary Public. This section does not need to be completed if you are currently incarcerated; please proceed to the next section.

On this ____ day of _____, 20____, before me, the undersigned Notary Public, personally appeared _____ (name of CORI requestor) and proved to me through satisfactory evidence of identification, which was _____ (Ex: Driver's license, passport, etc.), to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he)(she) signed it voluntarily for its stated purpose.

Signature of Notary Public (Notary stamp or seal is also required)

Date my Commission expires



You must get this form
NOTARIZED before
mailing it in.

Correctional Facility Information

If you are currently incarcerated, a correctional facility official MUST complete the following section.

Name and rank of Correctional Facility Official (Please print.)

Phone Number

Address of Correctional Facility

Signature of Correctional Facility Official

Date