

REQUEST FOR PUBLICLY ACCESSIBLE MASSACHUSETTS CORI

1. \_\_\_\_\_  
Last name                      First name                      Middle initial

\_\_\_\_\_  
Maiden name                      Alias

\_\_\_\_\_  
Date of Birth (MM/DD/YY)    Social Security Number  
(requested but not required)

2. \_\_\_\_\_  
Last name                      First name                      Middle initial

\_\_\_\_\_  
Maiden name                      Alias

\_\_\_\_\_  
Date of Birth (MM/DD/YY)    Social Security Number  
(requested but not required)

Mail all requests to:  
The Criminal History Systems Board,  
200 Arlington Street, Suite 2200,  
Chelsea, MA 02150,  
ATTN: CORI Unit.