



# girl scouts of rhode island

## SORI CHECK (SEX OFFENDER REGISTRY INFORMATION) MASSACHUSETTS

*All requests for sex offender information must be made on this form and mailed to the Sex Offender Registry Board P.O. Box 4547, Salem, MA 01970, along with a self-addressed stamped envelope. The Board will provide a report that includes the following information: whether the person identified is a sex offender with an obligation to register, the offense(s) for which the offender was convicted or adjudicated, and the date(s) of the conviction(s) or adjudication(s). please be advised that the law only permits the public to receive information on sex offenders required to register and finally classified by the Board as a level 2 (moderate risk) or level 3 (high risk) offender. Therefore, information is not available to the public if the identified individual is a level 1 (low risk) offender or if he/she has not yet been finally classified by the Board.*

All requests shall be recorded and kept confidential, except to assist or defend in a criminal prosecution.

**Girl Scouts  
of Rhode Island, Inc.**  
125 Charles Street  
Providence, RI 02904-2274  
401-331-4500  
800-331-0149  
Fax: 401-421-2937  
gsri.org  
gsri@netsense.net

**Serving**  
Rhode Island  
and  
Attleboro  
Bellingham  
Blackstone  
Fall River  
Millville  
North Attleborough  
Plainville  
Rehoboth  
Seekonk  
Somerset  
Swansea  
Westport  
Wrentham, MA  
and  
Pawcatuck, CT

**Requestor's Name:** Susan L. Santos

**Date of birth:** \_\_\_\_\_

**Address:** Girl Scouts of Rhode Island, Inc.  
125 Charles Street  
Providence, RI 02904

**Telephone number:** (401) 331-4500 ext. 1414

I swear under the pains and penalties of perjury that I am the above-named person, at least 18 years of age, and I am requesting information for my own protection, the protection of a child under 18 years of age, or for the protection of another person for whom I have responsibility, care or custody.

**Requestor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Applicant/Volunteer\*\* Please do not sign)

I hereby request that the following information be used to determine whether the identified individual is a sex offender required to register in Massachusetts.

**Applicant's Name:** \_\_\_\_\_

**Date of birth or approximate age:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_

**Former Address:** \_\_\_\_\_

**Personal identifying characteristics:**

**Sex:** \_\_\_ **Race:** \_\_\_ **Height:** \_\_\_ **Weight:** \_\_\_ **Eye Color:** \_\_\_ **Hair Color:** \_\_\_

**Other information (e.g. license plate number, parents' names, etc.):** \_\_\_\_\_

\*\*\*\*\*WARNING\*\*\*\*\*

**SEX OFFENDER REGISTRY INFORMATION SHALL NOT BE USED TO COMMIT A CRIME OR TO ENGAGE IN ILLEGAL DISCRIMINATION OR HARASSMENT OF AN OFFENDER. ANY PERSON WHO USES INFORMATION DISCLOSED PURSUANT TO M.G.L.C. 6, §§ 178C-178P FOR SUCH PURPOSES SHALL BE PUNISHED BY NOT MORE THAN TWO AND ONE HALF (2 ½) YEARS IN A HOUSE OF CORRECTION OR BY A FINE OF NOT MORE THAN ONE THOUSAND DOLLARS (\$100.00) OR BY IMPRISONMENT FOR NOT MORE THAN SIX (6) MONTHS (M.G.L. C. 275, § 4).**