



Town of Belmont Sex Offender Registry Information Request Form

As a prospective employee, current employee, or volunteer, I understand that the Town of Belmont will submit a Sex Offender Registry Information check to the Commonwealth of Massachusetts. The Commonwealth of Massachusetts Sex Offender Registry 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.

Information received from the SORI request shall be used by the Town to determine suitability for employment and/or volunteer services. In all other respects, information received will be recorded and kept confidential unless needed to assist or defend in a civil or criminal proceeding.

First Name: _____ **Last Name:** _____ **Middle Name:** _____

Date of Birth: _____

Last Six Digits of Your Social Security Number: xxx - _____ - _____

Address: _____

Gender: ____ **Race:** ____ **Height:** ____ **Eye Color:** ____ **Hair Color:** ____

By signing below, I provide my consent to a SORI check and acknowledge that the information provided on this Request Form is true and accurate.

Applicant/Employee Signature: _____

Organization Name: Town of Belmont

Address: 455 Concord Avenue, Belmont, MA 02478

Telephone: 617-993-2740

I swear under the pains and penalties of perjury that I am the representative of the Town, at least 18 years of age, and I am requesting information for my own 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: _____