Law Enforcement 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 sections 177-178 provide that it is a criminal offense to knowingly disclose to any unauthorized person or agency any criminal offender record information concerning an individual or to knowingly falsify any criminal offender record information. Unauthorized access to or dissemination of criminal offender record information is punishable by a fine of not more than five thousand dollars ($5,000.00), or imprisonment in jail or house of correction for not more than one year,or both. Any such dissemination 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 knowing violation.

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 for access to CORI.

Signed this _____ day of _____ , 20___ .

_____

Signature

_____ _____ _____

Last name First name Middle initial

_____ _____

Maiden name

_____ _____

Date of Birth (MM/DD/YY) Last six digits of your Social Security Number

_____

Job title

_____

Agency/ Business

_____

Address

This document is to be completed by ALL persons employed by, contracted with, or otherwise operating in association with the herein named agency, and who may have access to CORI.

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