



Mohegan Council, Inc.
BOY SCOUTS OF AMERICA
 19 Harvard Street
 Worcester, Massachusetts 01609-2870
 Tel (508) 752-3769 Fax: (508) 752-3047

STAFF _____ VOLUNTEER _____ TROOP /PACK _____
 (circle one)

XMHGCI

INDIVIDUAL AGREEMENT OF NON-DISCLOSURE
AND AUTHORIZATION FOR CORI CHECK

I understand that any person who willfully requests, obtains or seeks to obtain criminal offender record information (CORI) under false pretenses, or who willfully communicates or seeks to communicate CORI to any agency or person except in accordance with the provisions of M.G.L. c. 6, §§ 168 through 175, inclusive, shall for each offense be fined up to five thousand dollars (\$5,000.00), or imprisoned in a jailor house of correction for up to one year, or both.

I also understand that a criminal record check will be conducted on me by the Criminal History Systems Board (CHSB) as a prerequisite to my having authorization for access to CORI.

Signed this _____ day of _____, 200____.

 Signature

Last name _____ First name _____ Middle initial _____

Maiden name _____ Alias _____

 Date of **Birth** (MM/DD/YY): _____ Social Security Number (requested but not required)

 Job title

 Agency/Business name _____ Agency Code (if agency is already certified)

 Address

