

# SEX OFFENDER/CHILD KIDNAPPER REPORT OF CHANGE FORM



STATE OF ALASKA  
Department of Public Safety  
Division of Statewide Services  
5700 East Tudor Road  
Anchorage, AK 99507  
Phone (907) 269-0397  
Toll Free 1-800-658-8892

**Mark the type of change and enter the effective date**

☐ Personal Information \_\_\_\_\_ ☐ School \_\_\_\_\_  
☐ Phones/Addresses \_\_\_\_\_ ☐ Electronic Identifiers \_\_\_\_\_  
☐ Employment \_\_\_\_\_ ☐ Vehicles \_\_\_\_\_

**Use this form to report changes that have occurred since your last registration.  
Do not use this form for your quarterly or annual registration verification.**

<b>PERSONAL INFORMATION</b>	<b>Complete this section in full.</b>					
	FIRST NAME		MIDDLE NAME(S)		LAST NAME	
	DATE OF BIRTH	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER		STATE	TRACKING NUMBER
	DO YOU HAVE ANY SCAR, MARK, or TATTOO CHANGES? <input type="checkbox"/> YES <input type="checkbox"/> NO					
	Specify scar, mark, or tattoo changes.					

<b>PHONES AND ADDRESSES</b>	<b>Complete this section only if you have changes to report.</b>					
	HOME PHONE		CELL PHONE		MESSAGE PHONE	
	NEW RESIDENCE ADDRESS – The physical location of your home or other place where you now live or will live.					
	STREET ADDRESS		APT/SPACE #	CITY	STATE	ZIP CODE
	If you do not have a street address, describe where you are living or will live and include the city or village and zip code.					
	HAVE YOU PERMANENTLY LEFT YOUR PREVIOUSLY REPORTED RESIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO					
	NEW MAILING ADDRESS – If different from previously reported mailing address.					
PO BOX, RR/HC ADDRESS, OR STREET ADDRESS		CITY		STATE	ZIP CODE	

<b>EMPLOYMENT</b>	<b>Complete this section only if you have changes to report.</b>				
	Employment means any type of work (whether paid or unpaid), including self-employment and volunteer work.				
	NEW PLACE OF EMPLOYMENT (NAME OF COMPANY)		OCCUPATION/JOB TITLE	PHONE NUMBER	
	STREET ADDRESS OR DESCRIPTION OF WORK LOCATION		CITY	STATE	ZIP CODE
	DID YOU STOP WORKING AT A PREVIOUSLY REPORTED JOB? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Which job(s) did you stop working?					

<b>SCHOOL</b>	<b>Complete this section only if you have changes to report.</b>				
	School means an educational institution (whether public or private), a secondary school, trade or professional school, or institution of higher learning.				
	ARE YOU A STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO				
	NAME OF SCHOOL	STREET ADDRESS	CITY	STATE	ZIP CODE
	DID YOU STOP ATTENDING A PREVIOUSLY REPORTED SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Which school(s) did you stop attending?					

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<b>ELECTRONIC ADDRESSES</b>	<b>Complete this section only if you have changes to report.</b>			
	Electronic addresses include any names used for email, instant messaging, chat room discussion, social networking, or other similar electronic communication.			
	DID YOU START OR STOP USING ANY EMAIL, INSTANT MESSAGING OR OTHER INTERNET IDENTIFIER? <input type="checkbox"/> YES (specify below) <input type="checkbox"/> NO			
	<b>EMAIL ADDRESSES</b>		<b>START DATE</b>	<b>END DATE</b>
	<b>OTHER INTERNET IDENTIFIERS</b>			
	<b>USER NAME / ID</b>		<b>WEBSITE ADDRESS</b>	<b>START DATE</b>

<b>VEHICLES</b>	<b>Complete this section only if you have changes to report.</b>							
	DO YOU HAVE ACCESS TO ANY VEHICLES NOT PREVIOUSLY REPORTED? <input type="checkbox"/> YES (specify below) <input type="checkbox"/> NO							
	<b>MAKE</b>	<b>MODEL</b>	<b>YEAR</b>	<b>COLOR</b>	<b>VEHICLE ID NUMBER</b>	<b>LICENSE PLATE</b>	<b>STATE</b>	<b>REGISTERED TO YOU?</b>
								<input type="checkbox"/> YES <input type="checkbox"/> NO
								<input type="checkbox"/> YES <input type="checkbox"/> NO
	DO YOU STILL HAVE ACCESS TO ALL VEHICLES YOU PREVIOUSLY REPORTED? <input type="checkbox"/> YES <input type="checkbox"/> NO (specify below)							
	<b>MAKE</b>	<b>MODEL</b>	<b>YEAR</b>	<b>COLOR</b>	<b>VEHICLE ID NUMBER</b>	<b>LICENSE PLATE</b>	<b>STATE</b>	<b>REGISTERED TO YOU?</b>
								<input type="checkbox"/> YES <input type="checkbox"/> NO
								<input type="checkbox"/> YES <input type="checkbox"/> NO

## READ CAREFULLY BEFORE SIGNING

I understand I am using this form to report changes that have occurred since my last registration verification. I understand that I must still submit my quarterly or annual registration verification as required by AS 12.63.010(d) as long as I live, work or attend school in Alaska.

I understand that I must provide written notice of a change in residence, or establishment of or change to an email address, instant messaging address, or other Internet communication identifier by the next working day following the change.

I understand that if I move out of Alaska I must comply with the registration requirements of the jurisdiction I am moving to and that I must provide proof that I am not physically present in Alaska before my information will be removed from the Alaska Sex Offender / Child Kidnapper Central Registry.

I understand that payment of my Alaska Permanent Fund Dividend (PFD) may be delayed if I fail to comply with the sex offender and child kidnapper registration requirements under AS 12.63.

In accordance with Alaska Statute 12.63.010(3), I swear under penalty of perjury that the information provided on this form and any attachment is true and correct. I understand that if I provide a false statement on this form I shall be subject to prosecution for perjury, which is a class B felony under Alaska Statute 11.56.200.

Signature of Registrant \_\_\_\_\_ Date \_\_\_\_\_

AGENCY/SOR OFFICE USE ONLY	
ACCEPTING AGENCY	DATE
PRINTED NAME OF REPRESENTATIVE	SIGNATURE OF REPRESENTATIVE
FINGERPRINTS INCLUDED? <input type="checkbox"/> YES <input type="checkbox"/> NO	PHOTO INCLUDED? <input type="checkbox"/> YES <input type="checkbox"/> NO

APSIN ENTRY DATE		NOT PROCESSED DATE AND COMMENTS	PRE-PROCESS CODE	RELEASE DATE
Registration	Initials			INSTITUTION