

**SEX OFFENDER REGISTRATION
PROOF OF REGISTRATION COMPLIANCE IN JURISDICTIONS
OUTSIDE OF ALASKA**

Completed forms must be sent to:

Sex Offender Registration Office

5700 East Tudor Road, Anchorage, AK 99507

Telephone: (907) 269-0397 Fax: (907) 269-0394

The duty to comply with the requirements of AS 12.63.020(a)(2)(B) may include the time an offender was absent from the state if the offender can prove compliance with registration requirements in another jurisdiction. Proof of registration compliance must be provided by the agency responsible for maintaining registration documents in that jurisdiction. Proof of compliance is required for any portion of the offender's duty to register before unconditional release and for the 15 year registration period after the offender's unconditional discharge for the sex offense requiring registration.

To be completed by the offender:

Offender Information

Court Case Information

Name: _____

Court Case #: _____

Mailing address: _____

Court Location: _____

City: _____

Conviction Charge: _____

State/Zip code: _____

Statute/Ordinance: _____

Driver's License #: _____

Count or Charge #: _____

Date of birth: _____

Conviction Date: _____

I was unconditionally discharged (released from probation or parole) for this offense on the date specified below. I understand that proof of unconditional discharge requires verification by the Department of Corrections if I received a sentence of incarceration or probation; or verification by the Court System if I was not sentenced to a term of imprisonment or probation. A copy of the Proof of Unconditional Discharge is attached.

Unconditional Discharge Date: _____

Offender signature: _____

Date: _____

To be completed by the registering agency

Use additional forms for each address

Registration History and Certification

Date(s) of residence:

From: _____

To: _____

Address of residence: _____

Address _____

City _____

State/Zip _____

Compliance/Noncompliance/or Not Required to Register comments: _____

Certified by: _____

Name and Title: _____

Contact number: _____

Not Required to Register in this Jurisdiction

*To be completed by the offender if the offender is no longer required to register. **Documentation must be attached.***

I am not required to register in this jurisdiction. My obligation to register is complete or the laws of this state do not require me to register at the address and dates listed above. I have provided documentation from the registering agency or law enforcement to verify I am not required to register at this address.

Unsworn Falsification Statement

I certify under penalty of unsworn falsification (AS 11.56.210) the information I am supplying on and within this form is true and correct.

Record Subject Signature

Date