


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) 269-0396 Toll Free 1-800-658-8892	TYPE OF CHANGE-Effective Date
	<input type="checkbox"/> Personal Information _____ <input type="checkbox"/> School _____ <input type="checkbox"/> Phones/Addresses _____ <input type="checkbox"/> Electronic Identifiers _____ <input type="checkbox"/> Employment _____ <input type="checkbox"/> Vehicles _____	

**Use this form to report changes that have occurred since your last registration.
 This form is NOT used as a quarterly or annual registration verification.**

PERSONAL INFORMATION	Complete this section in full.						
	Is this a change of name? <input type="checkbox"/> YES (You must complete Notification of Petition/Proof of Legal Name Change Form) <input type="checkbox"/> NO						
	FIRST NAME		MIDDLE NAME(S)			LAST NAME	
	DATE OF BIRTH	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER		STATE	TRACKING NUMBER (reg agency only)	
	HEIGHT ____ FT ____ IN	WEIGHT ____ LBS	HAIR COLOR	EYE COLOR	SEX	RACE	COUNTRY OF CITIZENSHIP
	PASSPORT NUMBER AND COUNTRY OF ISSUE		ALIEN REGISTRATION NUMBER		PROFESSIONAL LICENSE TYPES AND /NUMBERS		
	DO YOU HAVE ANY CHANGES TO SCARS, MARKS, OR TATTOOS? <input type="checkbox"/> YES (specify below) <input type="checkbox"/> NO						
	Specify if scar, mark, or tattoo and the location of each.						

PHONES AND ADDRESSES	Do you have a change of phones or addresses? <input type="checkbox"/> YES (specify below) <input type="checkbox"/> NO					
	HOME PHONE ()		CELL PHONE ()		MESSAGE PHONE ()	
	CURRENT RESIDENCE ADDRESS – The physical location of your home or other place where you currently live, habitually sleep, or reside. Note: If you do NOT have a fixed street address, describe where you are living (tent, vehicle, RV, park bench, etc.) and include the location, city or village, and zip code (cross-streets, intersection, directions, etc. OR name and address of shelter IF you are living inside the shelter).					
	STREET ADDRESS		APT/SPACE #	CITY	STATE	ZIP CODE
	If you do not have a fixed address, you must provide a description of your location below:					
	HAVE YOU PERMANENTLY LEFT YOUR PREVIOUSLY REPORTED ADDRESS? <input type="checkbox"/> YES <input type="checkbox"/> NO					
	MAILING ADDRESS – IS YOUR MAILING ADDRESS THE SAME AS YOUR CURRENT RESIDENCE ADDRESS? <input type="checkbox"/> YES <input type="checkbox"/> NO (Specify below)					
	PO BOX, RR/HC ADDRESS, OR STREET ADDRESS		APT/SPACE #	CITY	STATE	ZIP CODE
	TEMPORARY LODGING ADDRESS - If you are away from your physical address provided above for a period of seven or more consecutive days, you are required to notify the department in writing of the address being used while away (from the physical address). Day(s) of stay are required.					
	ARE YOU SUBMITTING A TEMPORARY LODGING ADDRESS? <input type="checkbox"/> YES <input type="checkbox"/> NO START DATE: _____ END DATE: _____ Any temporary lodging location over 29 days requires completion of the Sex Offender/Child Kidnapper change of residence address.					
STREET ADDRESS		APT/SPACE #	CITY	STATE	ZIP CODE	
If you do not have a fixed address, you must provide a description of your location below:						

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EMPLOYMENT	Do you have a change of employment? <input type="checkbox"/> YES <input type="checkbox"/> NO				
	Employment means any type of work (whether paid or unpaid), including self-employment and volunteer work.				
	NEW CURRENT EMPLOYER (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?				

SCHOOL	Do you have a change of school? <input type="checkbox"/> YES <input type="checkbox"/> NO				
	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?					

ELECTRONIC IDENTIFIERS	Do you have a change of electronic identifiers? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	Electronic identifiers include all email addresses and usernames used for social networking, instant messaging, chat rooms, or other similar electronic communications.		
	DID YOU START OR STOP USING ANY EMAIL, SOCIAL NETWORKING, INSTANT MESSAGING, CHAT ROOMS OR OTHER INTERNET/ ONLINE IDENTIFIERS? <input type="checkbox"/> YES (specify below) <input type="checkbox"/> NO		
	EMAIL ADDRESSES		SELECT ONE:
			<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE
			<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE
			<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE
	OTHER INTERNET/ ONLINE IDENTIFIERS		
USERNAME / ID	APPLICATION NAME/ WEBSITE ADDRESS	SELECT ONE:	
		<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE	
		<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE	
		<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE	

VEHICLES	Do you have a change of vehicles? <input type="checkbox"/> YES (specify below) <input type="checkbox"/> NO								
	Motor vehicles including watercraft, aircraft, motorcycles, and recreational vehicles.								
	MAKE	MODEL	YEAR	COLOR	VEHICLE ID OR SERIAL NUMBER (VIN, HIN, TAIL NUMBER, ETC.)	LICENSE PLATE	STATE	REGISTER -ED TO YOU?	ADD OR REMOVE VEHICLE?
								<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE
								<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE
							<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE	

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READ CAREFULLY BEFORE SIGNING

- _____ Initial 1. I understand that I must provide written notice of a change of name, 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.
- _____ Initial 2. 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.
- _____ Initial 3. In accordance with Alaska Statute 12.63.010(e), 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.
- _____ Initial 4. I understand that pursuant to International Megan’s Law and AS 12.63, I must report in person to the registering authority any intended travel outside of the United States at least 21 days in advance of the intended international travel. I understand that per 18 U.S.C. Section 2250(b), failure to comply is a federal felony, punishable up to 10 years of imprisonment.
- _____ Initial 5. I understand that if I fail to comply with the sex offender and child kidnapper registration requirements under AS 12.63, I shall be subject to state prosecution under AS 11.56.835 or AS 11.56.840 and/or federal prosecution under 18 U.S.C. Section 2250(a) for Failure to Register as a Sex Offender.
- _____ Initial 6. **I understand that this Report of Change form does not satisfy my annual or quarterly registration requirement.**

Certification

I have read or had read to me the statements above and I understand what is required of me as a sex offender or child kidnapper while I am residing in the State of Alaska, including penalties for failing to comply with the registration requirements.

Signature of Registrant _____ Date _____

AGENCY USE ONLY		
ACCEPTING AGENCY	ACCEPTED DATE	DATE SENT TO SOR
PRINTED NAME OF REPRESENTATIVE	SIGNATURE OF REPRESENTATIVE	
INCLUDED: <input type="checkbox"/> FINGERPRINTS <input type="checkbox"/> PALM PRINTS <input type="checkbox"/> PHOTO <input type="checkbox"/> COPY OF GOV ID <input type="checkbox"/> COPY OF PASSPORT <input type="checkbox"/> DNA VERIFICATION		

SOR USE ONLY			
APSIN ENTRY DATE	NOT PROCESSED DATE AND COMMENTS	PRE-PROCESS CODE	RELEASE DATE
POST PROCESS CODE	INITIALS	INSTITUTION	