

# 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**

- |   |   |
|---|---|
| <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.  
 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?					

