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 Erro 1,800,658,8802

Mark the type of change and enter the effective date									
Personal Information	School								
Phones/Addresses	Electronic Identifiers								
Employment	☐ Vehicles								

Je.	Toll Free 1-800-658-8892				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.											
	Complete this section in full.										
PERSONAL FORMATION	FIRST NAME	NAME(S)	LAST NAME			ſΕ					
	DATE OF BIRTH	SOCIAL SECURITY NUM	CIAL SECURITY NUMBER DRI			UMBER	STATE TRA		ACKING NUMBER		
Z	Specify scar, mark, or tattoo changes.										
	Complete this section only if you have changes to report.										
ES	HOME PHONE () CELL PHONE ()							MESSAGE PHONE ()			
ESS	NEW RESIDENCE AD	DRESS – The physical location	on of your	home or other pl	ace where yo	ou now live o	r will live.				
ADDRESSES	STREET ADDRESS	1	APT/SPACE #	CITY			STATE	ZIP CODE			
AND	If you do not have a street	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.									
PHONES	HAVE YOU PERMANE	NTLY LEFT YOUR PREVIO	USLY R	EPORTED RESI	DENCE?	☐ YES	□NO				
ПОП	NEW MAILING ADDR	NEW MAILING ADDRESS – If different from previously reported mailing address.									
P]	PO BOX, RR/HC ADDR		CITY			STATE	ZIP CODE				
	Complete this section only if you have changes to report.										
L		Employment means any type of work (whether paid or unpaid), including self-employment and volunteer work.									
MEN	NEW PLACE OF EMPLO		OCCUPATION/JOB TITLE				PHONE NUMBER				
PLOYMENT	STREET ADDRESS OR	DESCRIPTION OF WORK I)N	CITY			STATE	ZIP CODE			
EM	DID YOU STOP WORKING AT A PREVIOUSLY REPORTED JOB?										
	Which job(s) did you stop working?										
	Complete this section only if you have changes to report.										
	School means an educational institution (whether public or private), a secondary school, trade or professional school, or institution of higher learning.										
С	ARE YOU A STUDENT		☐ YES ☐ NO								
SCHOOL	NAME OF SCHOOL	STREET ADDRESS			CITY			STATE	ZIP CODE		
	DID YOU STOP ATTEN	SCHOOL?	☐ YES	□NO			•				
	Which school(s) did you s	stop attending?									

12-299-69 (12/2008) Page 1 of 2

SEX OFFENDER/CHILD KIDNAPPER REPORT OF CHANGE FORM

	Complet	Complete this section only if you have changes to report.											
ES	Electronic addresses include any names used for email, instant messaging, chat room discussion, social networking, or other similar electronic communication.												
ADDRESSES			-										
DR		DDRESSES	PUSING	ANY EMAI	L, INSTANT	MESSAGII	NG OR OTHER INTERNET	I IDENTIFIEK	? ☐ YES (specify START DATE		END DA	NO NO	
	EWAIL A	DDKESSES							START	DAIL	LIND DE	1111	
N													
ELECTRONIC	OTHER I	OTHER INTERNET IDENTIFIERS											
EC_	USER NAME / ID				WEBS	WEBSITE ADDRESS				START DATE		END DATE	
EL													
	Complet	omplete this section only if you have changes to report.											
	DO YOU HAVE ACCESS TO ANY VEHICLES NOT PREVIOUSLY REPORTED? YES (specify below										О		
VEHICLES	MAKE	MODEL			COLOR		E ID NUMBER		LICENSE PLATE		STATE REGISTER		
	WAKE	WODEL		TEAK	COLOR	VEHICE	E ID NOMBER	LICENSET	LATE	SIAIL	TO YOU		
											YES		
											YES	□NO	
		DO YOU STILL HAVE ACCESS TO ALL VEHICLES YOU PREVIOUSLY REPORTED? YES								NO (specify below)			
	MAKE MODEL		YEAR		COLOR	VEHICL	E ID NUMBER	LICENSE P	LATE	STATE	TO YOU		
											☐ YES	□NO	
											☐ YES	□NO	
	READ CAREFULLY BEFORE SIGNING												
							red since my last regist						
still Alas		quarterly or a	nnual re	gistration	verificatio	n as requi	red by AS 12.63.010(d	l) as long as	I live, w	ork or at	tend sch	ool in	
		at I must prov	ide writt	en notice	of a chang	e in reside	ence, or establishment	of or change	to an en	nail addr	ess, insta	ant	
						-	ne next working day fo	•	_				
							gistration requirements e my information will						
		er Central Re		siculty pro	250111 111 7 110	isku ocioi	e my miormation win	oc removed	mom the	Tiusku	ocx on	onder /	
							(PFD) may be delayed	d if I fail to c	omply w	ith the s	ex offen	der and	
		r registration	-				alty of perjury that the	information	nrovideo	l on this	form an	d any	
attac	hment is to	rue and correc	t. I unde	erstand the	at if I provi	de a false	statement on this form						
whic	ch is a class	s B felony un	ler Alask	ca Statute	11.56.200.								
Sign	ature of Ro	egistrant						I	Date				
AGENCY/SOR OFFICE USE ONLY													
ACCEPTING AGENCY DATE													
PRINTED NAME OF REPRESENTATIVE SIGNAT						SIGNATURE OF REPRE	GNATURE OF REPRESENTATIVE						
FING	ERPRINTS	INCLUDED?	☐ Y.	ES [NO	D PHOTO INCLUDED? ☐ YES				□NO			
A DOT	N ENTENT	ATE	NOT	DDOCEGG	ED DATE AS	ID COMP C	NITC	PRE-PROCE	gg CODE	DELE	ACEDAT	Е	
APSIN ENTRY DATE NOT PROCE			FROCESSI	DATEAN	DATE AND COMMENTS PRE-				KELE.	ASE DAT	E		
Regis	tration	Initials								INSTI	TUTION		

12-299-69 (12/2008) Page 2 of 2