



Arkansas Crime Information Center
State Sex Offender Registry

Change of Address Form for Registered Sex Offenders

Please complete the following information and mail or fax to the Arkansas Crime Information Center within five days of receipt of this form in order for your record to be promptly updated.

Form Completed by: \_\_\_\_\_ Date Form Completed: \_\_\_\_\_
(If other than the offender)

Jurisdictional Agency Name (If Applicable) \_\_\_\_\_

Offender Name: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security No: \_\_\_\_\_

Previous Address:

New Mailing Address: (May use PO Box if not your residence)

Street or Rural Route No. & Box

Street or Rural Route No. & Box

City State Zip

City State Zip

Telephone No. ( ) \_\_\_\_\_

Institute of Higher Education:

Date Moved or Planning to Move \_\_\_\_\_

Name of Institution

If Currently Attending Check Here:

New Place of Residence: if different from new mailing address: (Do not use PO box for residence!)

Place Of Employment:

Name of Employer (company or individual)

If unemployed, state unemployed.

Street or Rural Route No. & box

Address Of Employer:

City State Zip

Street or Rural Route No. & Box

City State Zip

Telephone No. ( ) \_\_\_\_\_

If new place of residence has been physically verified, sign below

Law enforcement official only Date verified

Signature of Offender: \_\_\_\_\_ Date Signed: \_\_\_\_\_

(Required)

Failure to report any change of address as required by Act 989 of 1997 as amended constitutes a Class D Felony and may result in subsequent arrest and prosecution.