



**Arkansas Crime Information Center  
State Sex Offender Registry  
Change of Address Form for Registered Sex Offenders**

**You must complete the following information and submit it immediately to the local law enforcement agency to which you report. The agency will mail or FAX this information to the Arkansas Crime Information in order for your record to be promptly updated. Failure to report any change of address as required by Act 989 of 1997 as amended constitutes a Class C Felony and may result in subsequent arrest and prosecution.**

**Please type or print clearly:**

**Form completed by:** \_\_\_\_\_ **Date form completed:** \_\_\_\_\_  
(If other than offender)

**Jurisdictional Agency Name (at new place of residence):** \_\_\_\_\_

**Duplicate VOR Requested Yes  No**  (if the offender is delinquent, a duplicate VOR must be requested by jurisdictional agency)

**Offender's Name (please print):** \_\_\_\_\_ **Race:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

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

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

**Previous Address:**

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

\_\_\_\_\_  
Street name or Rural Route & box number

\_\_\_\_\_  
Street name or Rural Route & box or PO Box number

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
City State Zip

**Institute of Higher Education:**

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

\_\_\_\_\_  
Name of institution (if currently attending)

\_\_\_\_\_  
Date moved or planning to move:

**Place of Employment:**

**New Place of Residence: If different from new mailing address: (DO NOT use Post Office Box for residential address) If you are living in a vehicle or other vessel use separate sheet for further information**

\_\_\_\_\_  
Name of employer (company or individual)

\_\_\_\_\_  
Address (street name, number or box number)

\_\_\_\_\_  
Street name or Rural Route & Box number

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
City State Zip

**Vehicle(s) Information:**

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

\_\_\_\_\_  
Year/make/ model /color vehicle license number

\_\_\_\_\_  
**Law enforcement official only**      **date verified**

\_\_\_\_\_  
Name of registered owner if not your own

**Email addresses currently used and all IM screen names used and any social web pages registered (MySpace, Facebook, etc:**

\_\_\_\_\_  
Signature of offender (**required**)

\_\_\_\_\_

\_\_\_\_\_  
Date signed (**required**)

\_\_\_\_\_

\_\_\_\_\_