



**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: _____ 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)

Name of employer (company or individual)

Street name or Rural Route & Box number

Address (street name, number or 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

Signature of Offender (required)

Date signed