

FOR OFFICIAL USE ONLY (WHEN FILLED IN)

ACKNOWLEDGEMENT OF SEX OFFENDER REGISTRATION REQUIREMENTS

PRIVACY ACT STATEMENT

AUTHORITY: Public Law 105-119, section 115(a)(8); 10 U.S.C. 951 (note).

PRINCIPAL PURPOSE(S): To notify an offender of the requirement to register with state authorities as a sex offender and to record the offender's acknowledgment of receiving notice of and information pertaining to the requirement. To obtain an offender's expected place of residence.

ROUTINE USE(S): To State and local law enforcement authorities for purposes of notification that a sex offender will be residing in a local community and to State or local officials for purposes of registering the individual as a sex offender.

DISCLOSURE: Voluntary.

I. _____
(Full Name - Last, First, Middle) (Rank) (Service) (Social Security Number)

was convicted and sentenced for the commission of (Check all that apply)

a sexual offense, sexual offenses, an offense involving a minor.

I was convicted on or about: _____
(YYYYMMDD)

I CERTIFY THAT I PRESENTLY RESIDE AT _____ AND WILL
RESIDE AT THE FOLLOWING ADDRESS IN THE FUTURE: _____

I hereby acknowledge that I was informed that I am subject to registration requirements as a sex offender in any State or U.S. Territory in which I will reside, be employed, carry on a vocation, or be a student. I was further informed that the chief local law enforcement officer of the jurisdiction in which I will reside is being provided written notice of the offense(s) of which I was convicted, and that I am subject to a registration requirement as a sex offender. A similar notice will also be submitted to state law enforcement and sex offender officials. I understand that I must contact the appropriate State office to ensure that sex offender registration requirements are met.

I acknowledge that I was informed that every change in my address must be reported in the manner provided by State law. I also acknowledge being informed that if I move to another state, I must report the change of address to the responsible agency in the state I am leaving, and comply with the registration requirements in the new state of residence.

Finally, I understand that if I fail to register and/or change or update such registration information as required under a State sex offender registration program, I may be subject to criminal prosecution.

Signed on this _____ day of

WITNESS:

SERVICE MEMBER:

(Signed Name)

(Signed Name)

(Printed Name)

(Printed Name)

(Rank) (Service)

(Rank) (Service)

FOR OFFICIAL USE ONLY (WHEN FILLED IN)