



**COUNTY SHERIFF'S OFFICE  
SEX OFFENDER CHANGE OF INFORMATION**

SRN	Restrictions
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New Address    
 Employment    
 Higher Institute of Learning    
 Other

Last Name*	First Name*	Middle Name	Date of Birth
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**CHANGE OF RESIDENCE / MAILING ADDRESS / SLEEPING LOCATION**

PREVIOUS ADDRESS (or current if no change)	NEW ADDRESS
Street Address:	Street Address:
Mailing Address:	Mailing Address:
City:            State:            Zip Code:	City:            State:            Zip Code:
County:            Telephone:	County:            Telephone:
Date Moved Out:    /    /	Date Moved In:    /    /

**CHANGE OF EMPLOYMENT**

PREVIOUS EMPLOYMENT (or current if no change):	NEW EMPLOYMENT:
Business or Individual Name:	Business or Individual Name:
Street Address:	Street Address:
City:            State:            Zip Code:	City:            State:            Zip Code:
County:            Telephone:	County:            Telephone:
Date Employment Ended:    /    /	Date Employment Began:    /    /

**SCHOOL INFORMATION**

Name of School:	Campus Attended:
Phone #:	Date Enrolled:    /    / <input type="checkbox"/> Full time <input type="checkbox"/> Part time
Street Address:	
City:            State:            Zip Code:	County:

**OTHER CHANGES ( CELL PHONE # , E-MAIL, VEHICLE, ETC.)**

Previous Information:	New Information:

*In accordance with O.C.G.A. § 42-1-12, the information I have provided above is true and accurate. I understand that providing false information on this form is a felony violation of O.C.G.A. § 42-1-12.*

Signature of Offender	Date	Law Enforcement Official (Please Print)	Date
Law Enforcement Agency	Telephone Number	Fax Number and/or E-mail	

*If information is being forwarded to another sheriff's office, complete the following:*

Law Enforcement Agency	Date	Law Enforcement Official
Notified by Telephone, E-mail or Fax {Provide number or address of means of notification.}		Send copy of conviction, date of offense, photo and registration form.