

Angelo State University Police Department

Sex Offender Registration Form



This form is required to be completed by any worker or student that is required to register as a sex offender. Reporting of this information is required by Chapter 62 of the Texas Code of Criminal Procedure. This form shall be maintained by the ASU Police Department, and may be provided to local and state law enforcement agencies for entry into the state and national Sex Offender Registration Index. This information may be made available to faculty, staff, students, parents and residents of the Angelo State University community.

Registrant / Offender Information: (Must be verified by current and valid photo identification.)

Current Registration: Texas Department of Public Safety San Angelo Police Department						Registered as: Sex or Child Offender (check box) Sexually Violent Predator		
Offender: LAST NAME			FIRST NAME			MIDDLE NAME		
Date of Birth	Race	Sex	Height Ft In		Weight	Hair Color	Eye Color	Social Security #
State SID #	FBI # (if available)		Driver License #		ID Card #		State of DL or ID Card	
Scars / Marks / Tattoos					Shoe Size		Alias Names	

Brief Description of the Crime(s) for which registration is required:

Offense 1						Punishment Received			
Offense 2						Punishment Received			
Victim Information	Age V1	Race V1	Sex V1	Offender Relationship to V1	Age V2	Race V2	Sex V2	Offender Relationship to V2	

Sex or Child Offense Information: (If additional space is needed, list on separate sheet and attach to this form.)

Date of Arrest	Arresting Agency	Offense for which found guilty or acquitted by reason	Arrest Tracking #
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Institution of Higher Education: (known or anticipated)

Name of Institution		Location (City / State)	
Faculty / Staff / Student / Other	College or Department	Major or Job Title	

Place of Employment:

Name of Employer	Street # / Street Name / RR# / Box #	City	State	Zip	Phone
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Current Residence Address and Phone:

Street # / Street Name / RR# / Box #		City	State	Zip	Phone
If Residence is an Apartment, List Name of Complex.	Name of Spouse / Nearest Relative	Address of Spouse / Nearest Relative			Phone

Previous Addresses: (last three addresses)

Street # / Street Name / RR# / Box #	City	State	Zip
Street # / Street Name / RR# / Box #	City	State	Zip
Street # / Street Name / RR# / Box #	City	State	Zip

Photograph

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ACKNOWLEDGEMENT BY REGISTERING OFFENDER

I hereby acknowledge that I have been advised of my duty to register as a sex or child offender, or sexually violent predator, as required by Chapter 62 of the Texas Code of Criminal Procedure. I have also been advised that failure to regularly verify my address or failure to report any change of address or current status as faculty / staff / student of an institution of higher education as required will constitute an offense under the laws of the State of Texas and may result in my subsequent arrest and prosecution.

Signature of Offender

Date

Offender Registration Verified	San Angelo Police Department		Texas Department of Public Safety
	YES / NO		YES / NO
Signature of Official	Badge #	Date / Time Hrs.	Case Number or Related Number (if applicable)

Notes:

If Assessed Indicate: Assessment Level _____ Date Assigned: _____ Assessed by: _____