

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 # |
| Date of Arrest | Arresting Agency | Offense for which found guilty or acquitted by reason | Arrest Tracking # |
| Date of Arrest | Arresting Agency | Offense for which found guilty or acquitted by reason | Arrest Tracking # |
| Date of Arrest | Arresting Agency | Offense for which found guilty or acquitted by reason | Arrest Tracking # |

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 |
|------------------|--------------------------------------|------|-------|-----|-------|

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

| | |
|--|--|
| | |
|--|--|

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: _____ | | | |