

**WASHINGTON STATE PATROL IDENTIFICATION SECTION
REGISTERED SEX/KIDNAPPING OFFENDER**

For WSP Use Only
SID# <u>WA25768289</u>
DOA _____

For Address/Level Classification/Fail to Verify Address

Reason for Change:

- | | |
|---|---|
| <input type="checkbox"/> LEVEL _____ | <input type="checkbox"/> *FAILED TO REGISTER UPON RELEASE |
| <input type="checkbox"/> MOVED | <input type="checkbox"/> INCARCERATED - COUNTY _____ |
| <input type="checkbox"/> MOVED OUT OF STATE | <input type="checkbox"/> INCARCERATED - DOC/JRA _____ |
| <input type="checkbox"/> HOMELESS | <input type="checkbox"/> *FAILED TO VERIFY ADDRESS |

Full name of registrant:							
Last		Suffix		First		Middle	
SID Number				Social Security Number			
DOB	POB	SEX	RACE	HEIGHT	WEIGHT	HAIR	EYES
Convicted of:					Date/Place of conviction:		
Aliases used:							
<u>New address:</u>				Phone #			
Street:							
City:		State:		Zip:			
<u>Last Registered address:</u>					<u>Mailing address:</u>		
Street:				Apt. #:			
City:		State:		Zip:			
Employer or School Name/Address:							
Signature of Offender 2 copies printed-one to offender <input type="checkbox"/>					Date		
Print or type name of Registering Officer					Agency Name		
					Island County WA Sheriff's Office		
(Area Code) Telephone Number				(Area Code) FAX Number			
(360)678-4422				(360)679-7314			

*Fill in shaded areas for *Failed to Verify Address* and *Failed to Register Upon Release* only, otherwise fill out entire form.

DO NOT USE THIS FORM FOR A NEW REGISTRATION OR WHEN A REGISTRANT MOVES OUT OF THE COUNTY.