

COLORADO SEX OFFENDER REGISTRATION ELECTRONIC IDENTIFIER ADDENDUM

SEX OFFENDER INFORMATION

REGISTRANT LAST NAME	FIRST NAME	MIDDLE NAME
DATE OF BIRTH	SOCIAL SECURITY NUMBER	

ELECTRONIC COMMUNICATION IDENTIFIERS

Any person required to register who has been convicted of an offense against a child MUST register their electronic communication identifiers prior to use.

EMAIL ADDRESS		EMAIL ADDRESS	
EMAIL ADDRESS		EMAIL ADDRESS	
EMAIL ADDRESS		EMAIL ADDRESS	
CHAT/BLOG NAME	PROVIDER	CHAT/BLOG NAME	PROVIDER
CHAT/BLOG NAME	PROVIDER	CHAT/BLOG NAME	PROVIDER
CHAT/BLOG NAME	PROVIDER	CHAT/BLOG NAME	PROVIDER

ADDITIONAL ELECTRONIC COMMUNICATION IDENTIFIER INFORMATION

REGISTRANT SIGNATURE

By signing below, I attest that I understand and acknowledge my duty to register as a sex offender, as required by the Colorado Sex Offender Registration Act - Title 16, Article 22, Colorado Revised Statutes. I understand that providing false or incomplete information may constitute a misdemeanor or felony criminal offense.

SIGNATURE OF REGISTRANT		CURRENT DATE
<input type="checkbox"/> Quarterly Registration <input type="checkbox"/> Annual Registration	NEXT REGISTRATION DATE	REGISTRANTS INITIALS

REGISTRATION AGENCY INFORMATION

PRINTED NAME – CRIMINAL JUSTICE AGENCY PERSONNEL	CRIMINAL JUSTICE AGENCY NAME
SIGNATURE – CRIMINAL JUSTICE AGENCY PERSONNEL	CURRENT DATE