

# COLORADO SEX OFFENDER REGISTRATION POST-SECONDARY EDUCATION ADDENDUM

## SEX OFFENDER INFORMATION

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

## POST-SECONDARY EDUCATION (COLLEGE/TRADE SCHOOL)

<input type="checkbox"/> Student <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer		BEGIN DATE OF SCHOOL	END DATE OF SCHOOL
SCHOOL NAME		CAMPUS LOCATION	
SCHOOL ADDRESS	SCHOOL CITY	SCHOOL STATE	SCHOOL ZIP CODE
SCHOOL COUNTY	CONTACT PERSON (IF EMPLOYED BY THE SCHOOL)	CONTACT INFORMATION	

<input type="checkbox"/> Student <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer		BEGIN DATE OF SCHOOL	END DATE OF SCHOOL
SCHOOL NAME		CAMPUS LOCATION	
SCHOOL ADDRESS	SCHOOL CITY	SCHOOL STATE	SCHOOL ZIP CODE
SCHOOL COUNTY	CONTACT PERSON (IF EMPLOYED BY THE SCHOOL)	CONTACT INFORMATION	

## ADDITIONAL POST-SECONDARY EDUCATION (COLLEGE/TRADE SCHOOL) 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