

# 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
	<b>EL PASO COUNTY SHERIFF'S OFFICE</b>
SIGNATURE – CRIMINAL JUSTICE AGENCY PERSONNEL	CURRENT DATE