

NC Student or Worker Information for an Institution of Higher Education Form

This form is used for:

Registrant who is a student or expects to be enrolled as a student within one year, in any postsecondary public or private educational institution in the State on a part-time or full-time basis and who is convicted of a reportable offense must disclose the name and address of the institution at which he/she is enrolled.

OR

Registrant who is employed, or expects to be employed within one year, at a postsecondary public or private educational institution including any trade or professional institution on a part-time or full-time basis, with or without compensation or government or educational benefit, for more than 14 days, or for an aggregate period exceeding 30 days in a calendar year, and who is convicted of a reportable offense must disclose the name and the address of the institution at which he/she is employed.

☐ **Student** ☐ Part-Time ☐ Full-Time **OR** ☐ **Worker** ☐ Part-Time ☐ Full-Time

Name: Last First Middle SRN #

Name of School ()
Telephone # (if available)

Address: Street # Street Name City State Zip

County

Contact Person Name ()
Contact Phone Number

Intended Start Date: ____/____/20____ Actual Start Date: ____/____/20____

Termination Date: ____/____/20____

Registrant's Signature ____/____/20____
Date Signed

Sheriff's Office Use Only

Date Received: ____/____/20____
Received By: _____

Registration Updated in DCIN: ____/____/20____
Updated By: _____

This form is used for all registered adult offenders in NC attending or working at an institution of higher education. This form must be maintained in the case file for the registered offender. This information must be updated in the NC SOR file through DCIN using the SCE transaction. An automatic notification will be sent to the law enforcement agency with jurisdiction over the institution.