

Sex Offender Temporary Out of State Address Information

Name and Address Information:

Name: Last _____ First _____ Middle _____ SRN # _____

Name of School

Name of Business

Contact Person Name

(____) _____
Phone Number

Out of State Address: Street # Apt. # City State Zip

County in Other State

____/____/20____
Date of Temp Address

____/____/20____
Date of Termination

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 when a NC Sex Offender notifies the Sheriff of his/her intent to be out-of-state due to work or attending school. After completing this form, the Enter Temporary Out-of-State Address Notification form (EOAN) must be completed and a copy of this form must be maintained in the SOR file for the offender.