VIRGINIA DEPARTMENT OF STATE POLICE

Sex Offender & Crimes Against Minors Registry
Request to be Notified of Registration or Re-registration
of a Sex Offender Located in the Same or Contiguous Zip Code

Effective on or before January 1, 1999, Section 19.2-390.2 of the Code of Virginia authorizes the Central Criminal Records Exchange (CCRE) of the Department of State Police to provide the Sex Offender and Crimes Against Minors Registry and re-registrations of individuals, convicted of specific sex offense(s) to the below-noted entities. Sex Offender information may be transmitted from CCRE by ONE of TWO methods: 1) electronically via the Internet or, 2) programmatically generated notifications mailed to the entity. The notification process will be initiated when the zip code within a sex offender’s address of residence is identical to the entity that officially requests to be notified. The notification will also include sex offender registrations for contiguous (immediate surrounding) county/city zip codes.

The notification of Registry information is available only if your business is within one or more of these groups:

<table>
<thead>
<tr>
<th>SCHOOLS</th>
<th>STATE REGULATED or LICENSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elementary or Secondary School</td>
<td>Child Care Institution</td>
</tr>
<tr>
<td>Public</td>
<td>Child Day Center</td>
</tr>
<tr>
<td>Parochial</td>
<td>Child Day Program</td>
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<tr>
<td>Denominational</td>
<td>Foster Home</td>
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<tr>
<td></td>
<td>Family Day Home</td>
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<tr>
<td></td>
<td>Group Home</td>
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</tbody>
</table>

Complete the following information to be notified of registrations and re-registrations of convicted sex offenders in the Sex Offender and Crimes Against Minors Registry.

PLEASE TYPE OR PRINT CLEARLY ALL INFORMATION REQUESTED

Facility #1:
Select one of the following:
1) I desire to be notified via Internet ____YES
2) I desire to be notified by U. S. Postal Service ____YES
Provide complete e-mail address ______________________________________

Facility Name
Mailing Address
Street or PO Box
City
Zip Code

Contact Person
Telephone Number
( ) -

Facility #2:
Select one of the following:
1) I desire to be notified via Internet ____YES
2) I desire to be notified by U. S. Postal Service ____YES
Provide complete e-mail address ______________________________________

Facility Name
Mailing Address
Street or PO Box
City
Zip Code

Contact Person
Telephone Number
( ) -

This form may be reproduced in instances where there are more than two organizations with different addresses which are lawfully entitled to sex offender notifications.

Mail this form to: Central Criminal Records Exchange
Sex Offender & Crimes Against Minors Registry Notification Request
P. O. Box 27472
Richmond, Va. 23261-7472

NOTE: Unlawful use of Sex Offender Registrations/Re-registration for purposes of intimidating or harassing another is prohibited and is punishable as a Class 1 Misdemeanor.