



New Mexico State University Police Department
Sexual Offender Registration

Registration Type (circle appropriate): **NEW** **UPDATE** Date:

First Name: Middle: Last:

Date of Birth: Social Security #: Race:

Gender Height Weight Hair Color Eye Color

Other Identifiers

What is your status at NMSU? (check all that apply)

Student Employee Campus Resident

Current Street Address

Current City State Current Zip Code

Current Home Phone Current Cellular Phone

Current Email

CONVICTION INFORMATION:

Convicted Of:

Name at Time:

Conviction Date: Conviction Location:

Prior Addresses:

I certify that the above information is true and complete and that no misrepresentation has been made. I understand falsifying information on this form may constitute a crime. I also understand it is my responsibility to report changes in any of the above information promptly to the NMSU Police Department.

SIGNED: _____ **DATE:** _____