



PENNSYLVANIA STATE POLICE  
**SEXUAL OFFENDER UPDATE FORM**  
MEGAN'S LAW  
1-866-771-3170



**Instructions for Completing the Sexual Offender Update Form  
for changes to information during the COVID-19 Emergency.**

- **This form may only be used to change or update information during the COVID-19 emergency in the Commonwealth of Pennsylvania. This form MUST be signed and dated upon submission.**
- This form is to be used **ONLY** when an offender is updating their registration information between regularly scheduled in-person verifications. **DO NOT** use this form when you receive a letter from the Pennsylvania State Police indicating that you must report in person for a regularly scheduled verification.
- Section A **MUST** be completed in its entirety. Sections B, C, and D must be completed in entirety if any information in that section is being changed. If all previously reported information remains the same and no entry is needed for a particular section, leave blank. If reporting termination of employment or school, and no new information is being reported, the "Remove Employer" or "Remove School" block can be checked. Forms which are completed incorrectly may cause a delay, which may result in prosecution under 18 Pa. C.S. § 4915.1 or § 4915.2.
- If more space is needed to report additional information (ex. more than one employer), document the information on a separate piece of blank paper and attach it to this form.
- **You must sign and date this form and** mail the completed Sexual Offender Update Form to the following address: Pennsylvania State Police, Megan's Law Section, 1800 Elmerton Avenue, Harrisburg, Pennsylvania 17110-9758.
- By signing or adding your electronic signature, you verify the facts set forth in this registration form are true and correct to the best of your knowledge, information, and belief. This verification is made subject to the penalties of 18 Pa. C.S. §§ 4904 and 4915.1 or 4915.2, as applicable (relating to unsworn falsification to authorities, and failure to comply with registration of sexual offenders' requirements, respectively).

**SECTION A - OFFENDER INFORMATION**

This section is used to record the **sexual offender's information and all information must be completed.**

**PA SID:** Enter the sexual offender's Pennsylvania State Identification Number (SID). Leave blank if it is unknown.

**Social Security Number:** Enter the 9-digit social security number.

**Date of Birth:** Enter the date of birth numerically by month, day, and 4-digit year.

**First Name:** Enter the first name.

**Middle Name:** Enter the middle name.

**Last Name:** Enter the last name.

**Suffix:** Enter the suffix, if applicable.

**Gender:** Place an "X" in the appropriate box.

**Does Offender Have a Mobile Telephone?** Place an "X" in the appropriate box.

**Mobile Telephone:** If YES is selected in Block 9, enter the number, including the area code.

**Other Telephone:** Enter any other telephone number (not associated with an address) the sexual offender can be reached at, including the area code.

**SECTION B—ADDRESS INFORMATION**

This section is used to record the **sexual offender's addresses** where the offender resides or receives mail.

**Primary Residence**

**Description:** Enter a description of the primary residence of the sexual offender (e.g., house, apartment, cabin, shelter).

**Telephone Number:** Enter the telephone number of the primary residence, including the area code.

**Street Address 1:** Enter the street address of the primary residence.

Street Address 2: Enter any additional street address information for the primary residence (include building name, apartment/room no., etc.).

**City:** Enter the city of the primary residence.

**State:** Enter the state of the primary residence.

**Zip Code:** Enter the zip code of the primary residence.

**County:** Enter the county of the primary residence.

**Municipality:** Enter the city/township/borough of the primary residence.

**Country:** Enter the country of the primary residence.

**Responsible Agency Having Jurisdiction:** Enter the police department having jurisdiction where the residence is located.

**Transient:** If applicable, check transient if you are an individual required to register who does not have a residence but nevertheless resides in this Commonwealth in a temporary habitat or other temporary place of abode or dwelling, including, but not limited to, a homeless shelter or park.

**If changes are needed concerning a Secondary Residence, use a separate sheet of paper with the new information for the secondary residence, to include the information as stated above for Primary Residence.**

**Transient:** If applicable, check transient if you are an individual required to register who does not have a residence but nevertheless resides in this Commonwealth in a temporary habitat or other temporary place of abode or dwelling, including, but not limited to, a homeless shelter or park.

**Mailing Address**

Is the Mailing Address the Same as the Physical Address? Place an "X" in the appropriate box. If NO is selected, complete Blocks 36-42.

**Street Address 1:** Enter the address where mail is received.

**Street Address 2:** Enter any additional address information about where mail is received (include P.O. Box, building name, apartment/room no., etc.).

**City:** Enter the city of the mailing address.

**State:** Enter the state of the mailing address.

**Zip Code:** Enter the zip code of the mailing address.

**County:** Enter the county of the mailing address.

**SECTION C – SCHOOL INFORMATION**

This section is used to record the **sexual offender's school information.** (Complete only if enrolled as a student.)

Name of School: Enter the name of the school the sexual offender attends.

**Additional Information:** Enter any additional information concerning the school.

**Telephone Number:** Enter the telephone number of the school, including the area code.

**Street Address 1:** Enter the street address of the school.

**Street Address 2:** Enter any additional street address information for the school (include building name, room no., etc.).

**City:** Enter the city of the school.

**State:** Enter the state of the school.

**Zip Code:** Enter the zip code of the school.

**County:** Enter the county of the school.

**Municipality:** Enter the city/township/borough of the school.

**Country:** Enter the country of the school.

**Start Date:** Enter the enrollment date (numerically by month, day, and 4-digit year).

**End Date:** If known, enter the date the sexual offender will no longer attend school (numerically by month, day, and 4-digit year).

**Responsible Agency Having Jurisdiction:** Enter the responsible police department having jurisdiction where the school is located.

**SECTION D– EMPLOYMENT INFORMATION**

This section is used to record the **sexual offender's employment information.**

**Employer**

**Employer:** Enter the name of the place of employment of the sexual offender.

**Occupation:** Enter the type of work performed (e.g., landscaper, teacher, framer).

**Supervisor's Name:** Enter the name of the supervisor.

Telephone Number: Enter the telephone number of Employer 1, including the area code.

**Street Address 1:** Enter the street address of Employer 1.

**Street Address 2:** Enter any additional street address information for Employer 1 (include building name, room no., etc.).

**City:** Enter the city of Employer 1.

**State:** Enter the state of Employer 1.

**Zip Code:** Enter the zip code of Employer 1.

**County:** Enter the county of Employer 1.

**Municipality:** Enter the city/township/borough of Employer 1.

**Country:** Enter the country of Employer 1.

**General Work Area:** Enter the portion(s) of the workplace in which the sexual offender moves about while fulfilling work tasks if the sexual offender's employment is not at a fixed address.

**Start Date:** Enter the first day of employment at Employer 1 (numerically by month, day, and 4-digit year).

**End Date:** If known, enter the last day of employment at Employer 1 (numerically by month, day, and 4-digit year).

**Responsible Agency Having Jurisdiction:** Enter the responsible police department having jurisdiction where Employer 1 is located.

**Employer 2— If changes are needed concerning an additional employer(s), use a separate sheet of paper with the new information for the additional employer(s), to include the information as stated above for Employer.**

**REMINDER-** If you are unable to go to work due to the COVID-19 Stay at Home orders, but intend to return when permitted, no employment update is required.