

CHANGE OF INFORMATION UPDATE FORM-COVID-19**THIS FORM MAY ONLY BE USED TO UPDATE INFORMATION BETWEEN REQUIRED APPEARANCES DURING THE COVID-19 EMERGENCY****SECTION A - OFFENDER INFORMATION**

PA SID	SOCIAL SECURITY NUMBER (Last 4 Digits Only)	DATE OF BIRTH
FIRST NAME	MIDDLE NAME	
LAST NAME	SUFFIX	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
DOES OFFENDER HAVE A MOBILE TELEPHONE? <input type="checkbox"/> YES <input type="checkbox"/> NO	MOBILE TELEPHONE	OTHER TELEPHONE

SECTION B - ADDRESS INFORMATION

PRIMARY RESIDENCE			
DESCRIPTION			TELEPHONE NUMBER
STREET ADDRESS 1		STREET ADDRESS 2 (Include Apartment/Room No.)	
CITY	STATE	ZIP CODE	COUNTY
MUNICIPALITY (City/Township/Borough)		COUNTRY	

MAILING ADDRESS

IS THE MAILING ADDRESS THE SAME AS THE PHYSICAL ADDRESS? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF NO, COMPLETE THE MAILING ADDRESS INFORMATION BELOW)			
STREET ADDRESS 1		STREET ADDRESS 2 (Include Apartment/Room No.)	
CITY	STATE	ZIP CODE	COUNTY

SECTION C - SCHOOL INFORMATION (Complete only if enrolled as a student.) **REMOVE SCHOOL**

NAME OF SCHOOL		ADDITIONAL INFORMATION	
TELEPHONE NUMBER	STREET ADDRESS 1	STREET ADDRESS 2 (Include Room No.)	
CITY	STATE	ZIP CODE	COUNTY
MUNICIPALITY (City/Township/Borough)		COUNTRY	
START DATE	END DATE	RESPONSIBLE AGENCY HAVING JURISDICTION	

SECTION D - EMPLOYMENT INFORMATION **REMOVE EMPLOYER**

NAME OF EMPLOYER			
OCCUPATION		SUPERVISOR'S NAME	TELEPHONE NUMBER
STREET ADDRESS 1		STREET ADDRESS 2	
CITY	STATE	ZIP CODE	COUNTY
MUNICIPALITY (City/Township/Borough)		COUNTRY	
GENERAL WORK AREA		START DATE	END DATE

Any questions regarding your registration requirements should be directed to the Pennsylvania State Police, Megan's Law Section, by calling toll free 1-866-771-3170, or by writing the **Pennsylvania State Police, Megan's Law Section, 1800 Elmerton Avenue, Harrisburg, Pennsylvania 17110-9758.**

By signing or adding my electronic signature, I verify the facts set forth in this registration form are true and correct to the best of my 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).

SIGNATURE	DATE
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