



**Colorado Bureau of Investigation**  
**Sex Offender Registry**  
**690 Kipling Street**  
**Denver, Colorado 80215**  
**Phone: (303) 239-4222**  
**Fax: (303) 239-4661**



**COLORADO SEX OFFENDER POST-SECONDARY EDUCATION ADDENDUM**

**Sex Offender Registration Information**

\_\_\_\_\_ (Sex Offender Last Name)

\_\_\_\_\_ (First Name)

\_\_\_\_\_ (Middle Name)

\_\_\_\_\_ (Date of Birth)

\_\_\_\_\_ (Social Security Number)

**Additional Post Secondary Education (College/Trade School) Information**

Student    Employee    Volunteer

\_\_\_\_\_ (Start Date)

\_\_\_\_\_ (End Date)

\_\_\_\_\_ (School Name)

\_\_\_\_\_ (Campus)

\_\_\_\_\_ (Street Address)

\_\_\_\_\_ (City)

\_\_\_\_\_ (State)

\_\_\_\_\_ (Zip Code)

\_\_\_\_\_ (County)

\_\_\_\_\_ (Employer)

\_\_\_\_\_ (Contact)

Student    Employee    Volunteer

\_\_\_\_\_ (Start Date)

\_\_\_\_\_ (End Date)

\_\_\_\_\_ (School Name)

\_\_\_\_\_ (Campus)

\_\_\_\_\_ (Street Address)

\_\_\_\_\_ (City)

\_\_\_\_\_ (State)

\_\_\_\_\_ (Zip Code)

\_\_\_\_\_ (County)

\_\_\_\_\_ (Employer)

\_\_\_\_\_ (Contact)

Registrants Initials \_\_\_\_\_