

**NOTICE OF RELEASE/ACKNOWLEDGEMENT OF CONVICTED SEX OFFENDER
REGISTRATION REQUIREMENTS**

1. TO	<input type="checkbox"/> STATE LAW ENFORCEMENT	<input type="checkbox"/> LOCAL LAW ENFORCEMENT	<input type="checkbox"/> STATE SEX OFFENDER REGISTRATION OFFICIAL
	<input type="checkbox"/> U.S. MARSHALS - NATIONAL SEX OFFENDER TARGETING CENTER		

a. ADDRESS (Include ZIP Code)	b. DATE (YYYYMMDD)
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The Department of Defense is notifying your office of the release of an offender who, based on available information, was convicted of a covered sex offense under 42 U.S.C. 16911, et seq., or a crime against a victim who was a minor. The offender is subject to sex offender registration under Federal law. For additional information, please contact POC with the facility of release who is identified below. As used in this form, state also includes tribe or territory.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 951 (Note); 18 U.S.C. 2250; 42 U.S.C. 16911 et seq.; DoDI 1325.7; and E.O. 9397.

PRINCIPAL PURPOSE(S): To record the offender's acknowledgement of receiving sex offender registration notice and information pertaining to this requirement, and to document an offender's expected place of residence following release.

ROUTINE USE(S): To state and local law enforcement authorities for the purpose of notification that a sex offender will be residing in a local community and for the purpose of registering the individual as a sex offender.

DISCLOSURE: Voluntary; however, failure to provide requested information may result in the denial of your request for parole or delay your release from confinement or military service. Required to provide this information to Federal, state and local law enforcement agencies, in accordance with Federal law (18 U.S.C. 2250).

2. NAME OF OFFENDER (Last, First, Middle)	3. DATE OF BIRTH (YYYYMMDD)	4. SOCIAL SECURITY NUMBER	5. DISCHARGED (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO	6. APPELLATE REVIEW (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO
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7. CURRENT AND PRIOR CRIMINAL HISTORY OF SEXUAL OFFENSE(S)			
a. SPECIFIC OFFENSE TITLE AND DESCRIPTION (5 words or more)	b. DATE OF CONVICTION (YYYYMMDD)	c. PLACE OF CONVICTION	d. VICTIM'S AGE/ DATE OF BIRTH (YYYYMMDD)

8. MAX REL DATE (YYYYMMDD)	9. RELEASE CONDITIONS OR RESTRICTIONS

10. FACILITY OR COMMAND RELEASING OFFENDER	
a. NAME OF FACILITY OR COMMAND	b. ADDRESS (Include ZIP Code)

11. CORRECTIONAL FACILITY OR COMMAND POINT OF CONTACT (POC)		
a. NAME (Last, First, Middle Initial)	b. ADDRESS (Include ZIP Code)	c. TELEPHONE NUMBER (Include Area Code)

12. FACILITY COMMANDER OR COMMANDER RELEASING OFFENDER		
a. TYPED NAME (Last, First, Middle Initial)	b. SIGNATURE	c. DATE SIGNED (YYYYMMDD)

In the event you are not the law enforcement agency with jurisdiction authority consistent with the offender's release address, please forward these documents to the appropriate authority.

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SUPPLEMENTAL LETTER

*(Explain to the offender the requirements for registration in the identified jurisdiction.
Have the offender read the information carefully, then initial the block adjacent to the right of each statement.)*

<p>1. I, _____, _____, _____, _____, <small>(Full Name - Last, First, Middle) (Grade/Rank) (Branch) (Social Security Number)</small></p> <p>was convicted for the commission of (a) sexual offense(s) that (did or did not) include a sentence to <small>(Circle one)</small> confinement, and require(s) me to register as a sex offender.</p>	<p align="center"><i>(Offender's Initials)</i></p>
<p>2. I acknowledge that I have been informed that I will be physically released from confinement on or about _____ <small>(YYYYMMDD)</small></p>	
<p>3. I acknowledge that I have been informed that if I am retained in the armed forces, I must register as a sex offender with both military and civilian law enforcement agencies with jurisdiction over the installation, and my residence upon my physical arrival on _____ to my assigned unit. <small>(YYYYMMDD)</small></p>	
<p>4. I certify that upon release from confinement or military service I will reside at the following address: _____ _____ <small>(Street, Apartment Number, City, State and ZIP Code)</small></p>	
<p>5. I hereby acknowledge that I was informed that upon my release from confinement or military service, I am subject to registration requirements under the Sex Offender Registration and Notification Act (SORNA) as a sex offender within 72 hours in any state, territory, or tribal nation, in which I will reside, be employed, carry on a vocation, or be a student.</p>	
<p>6. I understand that if I am awaiting appellate review/administrative actions by my Service component, I am required to register with the state and local law enforcement agencies until the appellate process is complete, regardless of my location.</p>	
<p>7. I understand that I must also register at least 21 days prior to any international travel.</p>	
<p>8. I understand that I must contact the office that follows, to ensure that sex offender registration requirements are met: _____ _____ <small>(Organization, Address (Include ZIP Code), and Telephone Number)</small></p>	
<p>9. I understand that should the office listed in block 8 not be the correct point of registry for the jurisdictions in which I plan to reside, be employed, or go to school, I will seek out and register at all appropriate offices.</p>	
<p>10. I acknowledge I have been informed that the sex offender registry of the jurisdiction in which I will reside upon release from confinement or military service is being provided written notice about the offense(s) for which I was convicted, that I am subject to a registration requirement as a sex offender, and the date I was released from confinement or military service.</p>	
<p>11. I acknowledge I have been informed that every change in my local address must be reported in the manner provided by state or tribal law.</p>	
<p>12. I acknowledge I have been informed that if I move to another state, I must report the change of address to the responsible agency in the state I am leaving, and comply with the registration requirements in the new state of residence.</p>	
<p>13. I acknowledge I have been advised and understand that if I do not register and/or change or update such information as required by a relevant state, tribal or territorial sex offender registration program, my failure to comply with these requirements could result in such penalties as revocation of parole/MSR or prosecution under Federal law (18 U.S.C. 2250), punishable by up to 10 years imprisonment.</p>	
<p>14. Signed on this _____ day of _____, _____.</p>	
<p>a. WITNESS: _____ <small>(Signature)</small> _____ <small>(Print Full Name - Last, First, Middle Initial)</small></p>	<p>b. OFFENDER: _____ <small>(Signature)</small> _____ <small>(Print Full Name - Last, First, Middle Initial)</small></p>

INSTRUCTIONS FOR COMPLETING DD FORM 2791

THE AGENCY THIS DD FORM 2791 IS BEING FORWARDED TO

Block 1. Identify the type of law enforcement agency notification is being sent.

Block 1.a. List the agency address, to include city, state and ZIP Code.

Block 1.b. Enter the date the form is being filled out (YYYYMMDD - Year/ Month/Day).

NOTE: The Privacy Act Statement should be read by all applicable offenders.

OFFENDER'S PERSONALLY IDENTIFIABLE INFORMATION

Block 2. Enter the applicable offender's last name, first name and middle name.

Block 3. Enter the applicable offender's date of birth (YYYYMMDD - Year/Month/Day).

Block 4. Enter the applicable offender's complete Social Security number.

DISCHARGED

Block 5. Mark (X) the appropriate block (Yes or No) for the offender's affiliation with the military service.

APPELLATE REVIEW

Block 6. Mark (X) the appropriate block (Yes or No) if offender is awaiting or undergoing the appellate review process.

CURRENT AND PRIOR HISTORY OF SEXUAL OFFENSE(S)

Block 7.a. List all current and prior criminal history of sexual offenses (use brevity and conciseness in this limited space).

Block 7.b. Enter the date of conviction (YYYYMMDD - Year/Month/Day).

Block 7.c. Enter place of conviction (installation or city and state).

Block 7.d. Annotate the age and date of birth (YYYYMMDD - Year/Month/Day) of the victim(s). It is important that the age of the victim(s) associated with the offender are annotated of not just minors, as the definition of a minor may vary from jurisdiction to jurisdiction. If this information is not in the court martial documents, ask the prisoner.

MAX REL DATE

Block 8. Enter offender's maximum release date from confinement (if applicable).

RELEASE CONDITIONS OR RESTRICTIONS

Block 9. Annotate reason for release (i.e., expiration of sentence, parole, or MSR).

FACILITY OR COMMAND RELEASING OFFENDER

Block 10.a. Enter the complete correctional facility name.

Block 10.b. Enter the complete address of the correctional facility location that the offender is being released from, including city, state and ZIP Code.

CORRECTIONAL FACILITY OR COMMAND POINT OF CONTACT (POC)

Block 11.a. Enter last name, first name, and middle initial of facility POC.

Block 11.b. Enter address of facility POC, to include ZIP Code.

Block 11.c. Enter the telephone number of facility POC, including area code.

FACILITY COMMANDER OR COMMANDER RELEASING OFFENDER

Block 12.a. Enter last name, first name, and middle initial of correctional facility commander or the commander releasing the offender, including rank or title.

Block 12.b. Facility commander's signature required or the commander releasing the offender.

Block 12.c. Enter the date the form was signed (YYYYMMDD - Year/Month/ Day).

PAGE 2, SUPPLEMENTAL LETTER

NOTE 1: Have offender read the information below carefully, then initial the block adjacent to the right of each statement.

Block 1. Enter the offender's full name, grade/rank (if applicable), branch of Service, Social Security number, and select the appropriate response to indicate if the conviction(s) included a sentence to confinement.

Block 2. If applicable, annotate the date the offender is physically being released from the correctional facility.

Block 3. If applicable, annotate the date the offender will report to his/her unit of assignment.

Block 4. Enter the complete residence address including the city, state and ZIP Code.

Block 8. Enter the name of the law enforcement agency and the complete address (including city, state and ZIP Code) and telephone number (including the area code and extension, if applicable) where the offender is required to report for registration upon release from confinement or the Service Component.

Block 14. Enter the date the offender signed the Supplemental Letter. The witness and the offender sign the letter and legibly print their names on the appropriate line below their signatures. If an offender refuses to sign the letter, write "OFFENDER REFUSED TO SIGN" on the offender's signature line, notify the Commander, and process the form unless instructed otherwise.