



**South Carolina
Law Enforcement Division**

P.O. Box 21398
Columbia, South Carolina
29221-1398

*Henry D. McMaster, Governor
Mark A. Keel, Chief*

Tel: (803) 737-9000

SEX OFFENDER CHECK

Please print your completed form and submit to SLED. You may want to print a copy for your records.

Today's Date: _____

Full Name (with middle name): _____

AKA and/or Maiden Names: _____

DOB: _____ **SSN:** _____

MINOR CHILD: YES _____ **NO** _____

(Federal law permits governmental agencies to require a social security number in order to conduct official business; however, private entities may only obtain social security numbers if given voluntarily.)

*****Below Information to be Completed by SLED Only*****

Person is listed on South Carolina's Sex Offender Registry _____

Person is not listed on South Carolina's Sex Offender Registry _____

PLEASE NOTE: A completed sex offender registry check should not be accepted unless it bears an original SLED stamp.

Sworn to (or affirmed) and subscribed before me on this, the _____ day of _____, 20____.

(Official Seal)

Official Signature of Notary

_____, Notary Public
Notary's printed or typed name

My commission expires: _____

CJ-066 (01/2017)



An Accredited Law Enforcement Agency

