

SOUTH CAROLINA LAW ENFORCEMENT DIVISION

NIKKI R. HALEY
Governor



MARK A. KEEL
Chief

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 Signature of Notary

(Official Seal)

_____, Notary Public
Notary's printed or typed name

My commission expires: _____

CJ-066 (06/2015)



An Accredited Law Enforcement Agency

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