

6004 S County Rd G • PO Box 5009 • Janesville, WI 53547-5009 608-757-7617 • Campussafety@blackhawk.edu • blackhawk.edu

H-245F - REGISTERED SEX OFFENDER SELF-DISCLOSURE FORM

Instructions: Complete first 2 sections and submit form for processing. You will be contacted for a follow-up meeting with Student Services once the form is received and processed.

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STUDENT INFOR	RMAT	ION (All Fields Required)		
lame:			Student ID:	Date of Birth:
Address:				Telephone:
City, State, Zip:				
Program:			Email:	
PROBATION INF	ORM	ATION (All Fields Required	1)	
Probation Officer/Corr	ections	Contact:		Telephone:
Sex Offender Conviction	on 1:			
Sex Offender Conviction	on 2:			
Probation/Registry Restrictions:				
			Offender Registry that yave not reported.	you intend to attend Blackhawk
Safety & Security Office provided on this form is	for <i>each</i> correct.	semester I register for cour	se(s) at Blackhawk Techi and the Director of Studen	red sex offender with Campus nical College. The information I nt Services if there are any changes
Student Signature:				Date:
STUDENT SERV	ICES	MEETING INFORM	ATION	
restrictions that may a class schedule at the t	pply. T		Student Services or the ay prior to classes start	9
SECURITY SECT	ΓΙΟΝ			
Date Received:		Signature:		Date: dd/mm/yyyy
OFFICIAL USE S	SECTI	ON		
Restrictions? Yes	No			
Instructors Notified?	Yes	No		
Director of Student Services Signature:				Date: dd/mm/yyyy
		See Blackhawk Technic	cal College Policy H-24	1 5

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