STATE OF TENNESSEE

BOARD OF PAROLE

VICTIM SERVICES DIVISION

500 James Robertson Parkway, 4th Floor
Nashville, TN 37243-0850

Victim/ Family Members/ Interested Parties

Change of Address Form

Persons who have previously completed a Victim Impact Statement, Notification Request Form, or written a letter whose mailing address has changed, should complete the information below.

Offender's Name: _____ TOMIS #: _____

If you do not know the offender's TOMIS #, please provide SSN, DOB, and sex of the offender.

Offender's SSN: _____ DOB: _____ ☐ Male ☐ Female

Your Name: _____

Relationship to Victim/ Interest in Case:

_____

Previous Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ E-mail Address: _____

New Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail Address: _____