



STATE OF TENNESSEE
 BOARD OF PAROLE
 Victim Services
 Parkway Towers 404 James Robertson Parkway Suite 1300
 Nashville, TN 37243-0850



**Victim/Family Members/Opposing 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: _____

<u>Previous Mailing Address:</u> _____		
City: _____	State: _____	Zip Code: _____
Phone Number: _____	E-mail Address: _____	

<u>New Mailing Address:</u> _____		
City: _____	State: _____	Zip Code: _____
Home Phone: _____	Work Phone: _____	
Cell Phone: _____	E-mail Address: _____	