



Grayson County Sheriff's Office
Texas Sex Offender Registration Program
Chapter 62
Code of Criminal Procedure
(REVISED 08-13-97)
Public Inquiry Report Format

Date of Report: 02 / 21 / 2017

Notifying Agency: Grayson County SO

Registering Agency ORI: TX0910000

Disposition Court: _____ Date of Registration: 02 / 21 / 2017 Registration Type: A
(I=Initial/U=Update/A=Annual/Q=90 day)

Cause Number: 05057276J TXSID NO. 07650771 FBI NO. 3582LC1

Last Name of Registrant: _____ First Name: _____ Middle Name: _____
Sheren Cody Michael

DOB 05 / 24 / 1988 Race W Sex M Ht 506 Wt 170 Hair Bro Eyes Haz Shoe Size 10.0

Other Names Used: _____

Registrants Street Name: Whitemound

Registrants Zip Code: 75090

Registrants County: Grayson

Registrants City: Sherman

Registrants Offense: Agg Sexual Assault

Date Convicted or Adjudicated: 11 / 30 / 2005

Sex of Victim: Female Age of Victim: 4 Punishment Received: 10Y

Date of Discharge 04 / 26 / 2016 Supervision Status: _____ Expiration of Duty to Register: 04/28/2026

() Probation Officer () Parole Officer Printed Name: _____

Telephone Number: _____

Registering Agency Name: Grayson Co. S.O. Agency Telephone Number: 903-893-4388 ext 2234