

I, \_\_\_\_\_, give permission for the release of information concerning  
(PRINT ONLY)

myself in the Adult Abuse, Neglect, Exploitation Central Registry to:

Contact Person(s)\* \_\_\_\_\_ Phone \_\_\_\_\_

Agency name \_\_\_\_\_

Agency mailing address \_\_\_\_\_

Check box if agency is a CDDO, CMHC, or ILRC

Maiden Name and/or Other Names Known By: \_\_\_\_\_

(PRINT ONLY)

Address: \_\_\_\_\_

Street

City

State

Zip Code

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS#: \_\_\_\_-\_\_\_\_-\_\_\_\_ Sex: M or F  
(mm/dd/yyyy) (circle one)

I understand that all information released will be for the exclusive and confidential use of the above named organization/person. I have read and understand this form and the information provided is true and correct to the best of my knowledge.

I give permission for the release of any information concerning myself in the Adult Abuse and Neglect Central Registry each year while I am employed or associated with the above agency. \_\_\_\_\_ Yes \_\_\_\_\_ No

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mm/dd/yyyy)

Per statute 65-6205: Community Service Providers, Mental Health Centers and Independent Living Centers may request information for the purpose of obtaining background information on applicants for employment without signed consent. Signature is not required from the individual for which the inquiry is made.

**RETURN TO:**

Adult Abuse Registry  
555 S. Kansas Ave  
Topeka, Kansas 66603-3444

**FOR PPS ADMINISTRATION USE ONLY:**

Record found?

Yes  No  If yes, finding:  Abuse  Neglect  Exploitation  Fiduciary Abuse (check all that apply)

“Yes” indicates the individual is listed on the adult abuse, neglect, exploitation registry.

Perpetrator’s Name:

Region: \_\_\_\_\_ Date Substantiated: \_\_\_\_\_

Initial: \_\_\_\_\_ Date: \_\_\_\_\_

Child Abuse and Neglect Central Registry  
**Release of Information**

All releases and fees should be sent via postal mail to the attention of: **DCF, Child Abuse and Neglect Central Registry, P.O. Box 2637, Topeka, KS 66601.**

**Please complete the information below by printing legibly in ink. All requested information is required to process this request. Incomplete information (blank spaces) will result in the release not being processed and returned. The release may be re-submitted with all requested information.**

***CONFIDENTIALITY: Kansas Department for Children and Family records are confidential. No individual, association, partnership, corporation, or other entity shall willfully or knowingly disclose, permit, or encourage disclosure of the contents of records or reports in violation of the confidentiality requirements of K.S.A. 38-2209. Violation of this statute is a class A nonperson misdemeanor and the court may impose a civil penalty of up to \$1,000.***

I, \_\_\_\_\_, give permission for the release of any information concerning  
(Please print complete first, middle and last name)  
myself in the Child Abuse and Neglect Central Registry to:

<b>A. Contact Person: Chris Noe</b>	
Agency Name:	TARC, Inc
Mailing address:	2701 S W Randolph Ave
	Topeka KS 66611
Phone Number:	(785) 506-8652

**I understand that all information released will be for the exclusive and confidential use of the above named organization/person/agency. I give permission for the release of any information concerning myself in the Child Abuse and Neglect Central Registry each year while I am employed or associated with the above agency.**

Yes  No

First, Middle and Last Name: \_\_\_\_\_

Maiden Name: (Female applicant only) \_\_\_\_\_

Married Names, Nicknames or Other Names Used: (Use N/A if no other names used) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_

Social Security # \_\_\_\_\_ Gender:  Male  Female

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Current Address: \_\_\_\_\_

Each request must be submitted with payment prior to the request being processed. Please attach appropriate fee of \$10.00 per release of information. The following state agencies are exempt from the \$10.00 fee: KDOC-JS (Central Office or Facilities), KNI, Dept. Of Education- Central Office, KDHE, KDADS, State Hospitals, State Correctional Institutions, Tribal Authorities, Attorney General's Office, Kansas School for the Blind, Kansas School for the Deaf, Child Welfare agencies in other states. Sub-contracting agencies are not exempt and will be assessed the \$10.00 fee.

Mentor record checks, i.e. Big Brothers Big Sisters, are exempt from the \$10.00 fee. For a complete list of Mentor Programs, go to: <http://community.ksde.org/Default.aspx?tabid=5194>. If this is a mentor record check, please make sure the box below is checked.

**Mentor Program:**  If yes, please check

**For Central Registry Use Only**

\_\_\_\_\_ **FEE ATTACHED**



**RE: KANSAS BUREAU OF INVESTIGATION**

I hereby request and authorize the Kansas Bureau of Investigation to furnish the above named company with criminal history information as described in K.S.A. 1985 Supp. 22-4701(b). This includes all information defined with K.A.R. 10-1-1(b),(c), and (d).

I voluntarily waive all right of recourse and release you from liability for compliance with this authorization.

*(Please print clearly when completing this form.)*

FULL NAME: \_\_\_\_\_  
Last Name First Name Middle Name (Jr, Sr, III...)

ALIAS/MAIDEN NAME(s) (Please indicate "N/A" if not applicable):

\_\_\_\_\_ Last Name First Name Middle Name (Jr, Sr, III...)

\_\_\_\_\_ Last Name First Name Middle Name (Jr, Sr, III...)

\_\_\_\_\_ Last Name First Name Middle Name (Jr, Sr, III...)

\_\_\_\_\_ Last Name First Name Middle Name (Jr, Sr, III...)

\_\_\_\_\_ Last Name First Name Middle Name (Jr, Sr, III...)

\_\_\_\_\_ Last Name First Name Middle Name (Jr, Sr, III...)

SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_  
(City, State or Foreign Country)

SEX:  Male  Female HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

RACE:  WHITE  BLACK (NOT HISPANIC)  HISPANIC  ASIAN  NATIVE HAWAIIAN/PACIFIC ISLANDER  AMERICAN INDIAN/ALASKA NATIVE

CURRENT ADDRESS:

\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_