

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: _____



KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES
 Child Abuse and Neglect Central Registry
 P.O. Box 2637 • Topeka, KS 66601 • DCF.CentralRegistry@ks.gov

Release of Information

Complete form by printing legibly in ink. Fee of \$10.00 per Release of Information form may be required prior to processing.

All releases and fees are to be sent to the address or email listed above (see below for specifics)

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.*

Contact Person: _____ Agency/Org.: _____

Phone #: _____ Address: _____

Email: _____ City/State/Zip: _____

Return Results by: Encrypted email (list if different than above): _____ Postal Mail

Payment/Account Information (check box which applies)

<input type="checkbox"/> <i>Fee included</i>	\$10 per request. Check, Money Order (payable to DCF) or cash. Postal mail only.	
<input type="checkbox"/> <i>Online Payment*</i>	www.dcf.ks.gov – ‘Online DCF Payments’ bottom of page. Payment Portal. Submit receipt with ROI form(s).	
<input type="checkbox"/> <i>Pre-Pay Account*</i>	Agency/Org. has Pre-Pay Account.	FEIN: _____
<input type="checkbox"/> <i>Mentoring Account*</i>	As listed in the Kansas Mentors' Partner Directory. http://mentorkansas.org/Find-a-Program	
<input type="checkbox"/> <i>Exempt*</i>	No fee for State government agencies (Sub-contracting agencies not included).	

*Release of Information forms may be submitted via email to DCF.CentralRegistry@ks.gov

APPLICANT: *Instructions: PRINT CLEARLY. All requested information is required for processing. Incomplete or illegible information will result in processing delays for the Release of Information. Use 'N/A' rather than leaving a space blank.*

FIRST, MIDDLE, LAST NAME: _____

I give permission for the release of any of my information in the Child Abuse/Neglect Central Registry to the contact listed above. I understand the information released is for their exclusive and confidential use: Yes No
This organization/person/agency may check my information each year I am employed or associated with them: Yes No

OTHER NAMES USED: (Any/all aliases, married, maiden, nicknames, etc. 'N/A' if none used.): _____

DATE OF BIRTH: _____ **RACE:** _____

SOCIAL SECURITY #: _____ **GENDER:** Male Female

CURRENT ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ **EMAIL:** _____

SIGNATURE: _____ **DATE:** _____

DCF ONLY:

MATCH	
<i>This applicant is listed in the Child Abuse/Neglect Central Registry.</i> <i>Per KSA 65-504 and 65-516 this person prohibited from working, residing, or volunteering in a licensed child care home or facility.</i> (see attached document for more info.)	

CLEARED



2701 SW Randolph Ave • Topeka KS 66611 • (785) 232-0597
AUTHORIZATION FOR RELEASE OF INFORMATION

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: _____