



KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES
Release of Information
Child and/or Adult Abuse and Neglect Central Registry Form

I give permission to check my personal information against the following Registries:
[] Child (\$10/per person) [] Adult (Free) [] Both (\$10 for Both/per person)
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.

Return Results by: Encrypted email to the following email addresses:
_____ ; _____ ; _____
_____ ; _____

Payment/Account Information (Child Registry Only)

Table with 2 columns: Payment Method and Description. Rows include Online Payment (Credit Card), Pre-Pay Account (FEIN), Mentoring Account (Agency), and Exempt (No fee for State government agencies).

1. I give permission for the release of any of my information in the Child and/or Adult Abuse/Neglect Central Registry to the contacts listed above. I understand the information released is for their exclusive and confidential use: [] Yes [] No

FIRST _____ MIDDLE _____ LAST _____

OTHER NAMES USED: _____

DATE OF BIRTH: _____ RACE: _____ SOCIAL SECURITY #: _____

GENDER: [] Male [] Female

ADDRESS: _____ CITY _____ ST _____ ZIP _____

PHONE _____ EMAIL _____

SIGNATURE _____ DATE _____

(Signature must be ink or Electronically Verified by a Reputable Company)

[] Applicant is under the age of 16 and I am (Relationship to person) _____

Results: Will be sent electronically

*This form is to remain on file for the duration of the active relationship between the Agency and the person being searched. DCF reserves the right to audit at any time to make sure all forms are up to date and on file.