



KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES

Release of Information

Child Abuse and Neglect Central Registry
 P.O. Box 2637 • Topeka, KS 66601 • FAX 785-296-1729 •
DCF.CentralRegistry@ks.gov

This entire form must be completed before it will be processed. **All releases and fees are to be sent to the mailing address or email listed above with appropriate payment (see Payment/Account 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.*

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. Mail to address listed above.	
<input type="checkbox"/> <i>Online Payment</i>	\$10 per request. www.dcf.ks.gov >Online DCF Payments>Payment Portal. Submit receipt with form(s)	
<input type="checkbox"/> <i>Pre-Pay Account</i>	Agency/Org. has Pre-Pay Account.	FEIN: _____
<input type="checkbox"/> <i>Mentoring Account</i>	No fee for agencies 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).	

- 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

APPLICANT: 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: _____

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

DATE OF BIRTH: _____ RACE: _____

SOCIAL SECURITY #: _____ GENDER: Male Female

CURRENT ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ EMAIL: _____

SIGNATURE: _____ DATE: _____

Applicants under the age of 16 requires a parent/guardian signature and title of signatory.

For DCF use ONLY:

- A stamp in the Match box indicates the applicant is listed on the Central Registry.
- A stamp in the No Match box indicates the applicant is NOT listed on the Central Registry.

MATCH

NO MATCH