State of Kansas Department for Children and Families

Child Abuse and Neglect Central Registry

Prevention and Protection Services Child Abuse and Neglect Central Registry 915 SW Harrison 5 th Fl. Room 530-East Topeka, Kansas 66612	Release of Informat	ion
1,	ive permission for the releas	e of any information
concerning (please print complete first, middle and last name) myself in the Child Abuse and Neglect Cent		•
Contact Person:		
Agency Name:		
Mailing address:		
Phone Number ()		
I understand that all information released wi above named organization/person/agency.	l be for the exclusive and co	nfidential use of the
I give permission for the release of any info Neglect Central Registry each year while I a □IYes□ No		
** Please complete the information below by space blank. All requested information is red information will result in the release not bein	uired to process this request.	Incomplete
First, Middle and Last Name:		
Maiden Name: (Female applicant only)		
Married Names, Nicknames or Other Nam Used: (Use N/A if no other names used)	es	
Date of Birth:	Race:	
Social Security #	Gender:	□Female
Signature:	 Date :	
Current Address:		
Each request must be submitted with payment prior to of \$10.00 per release of information. All releases an Child Abuse and Neglect Central Registry, P.O. Box 2 exempt from the \$10.00 fee: JJA (Central Office or Fa Hospitals, State Correctional Institutions, Attorney Gethe Deaf, Child Welfare agencies in other states. Sul \$10.00 fee. Mentor record checks, i.e. Big Brothers of Mentor Programs, go to: http://kansasmentors.kansas.gov.	I fees should be sent via postal ma 637, Topeka, KS 66601. The follo cilities), KNI, Dept. Of Education- C neral's Office, Kansas School for th -contracting agencies are not exen	il to the attention of DCF, wing state agencies are Central Office, KDHE, State te Blind, Kansas School for

(This form supersedes CFS 1011 REV 7/11)



Strong Families Make a Strong Kansas