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 per person)

**Confidentiality:** Kansas Department for Children and Families' 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:**

DSSSCRS@state.sd.us _____ ; _____; _____ ;

_____; _____

**Payment/Account Information (Child Registry Only)**

| | | |
|---|---|---|
| ☐ | **Online Payment** | Credit Card |
| ☐ | **Pre-Pay Account** | FEIN (XX-XXXXXXXX): -- |
| ☐ | **Mentoring Account** | Agency: |
| ☑ | **Exempt** | 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 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 Name: _____ Middle Name: _____ Last Name: _____

Other Names Used: _____, _____, _____

_____, _____

Date of Birth: _____ Race: _____ Social Security Number: _____

Gender: ☐ Male ☐ Female Address: _____

City:_____ State: _____ Zip Code: _____ Phone Number: _____

Email: _____

Signature: _____ Date: _____

***Signature must be ink or via DocuSign (or other reputable company). No typed signatures are allowed.**

Applicant is under the age of 16 and I am (relationship to applicant): _____

**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.