Authorization and Consent to Release Information
UTAH Child Abuse Central Registry Request

INSTRUCTIONS

1. Please PRINT legibly or TYPE	
2. Submit form with a LEGIBLE and CURRENT copy of one of the following photo identifications:	a. Valid Driver License b. State Identification Card c. Passport
3. Please send COMPLETED form and COPY OF PHOTO ID to Division of Child & Family Services by:	a. EMAIL (preferred): dcfscentralregistry@utah.gov b. MAIL: Division of Child & Family Services Attn: Child Abuse Background Screening 195 N 1950 W Salt Lake City, UT 84116

APPLICANTS INFORMATION

First Name:	FULL Middle Name:	Last Name:
Former Names (including maiden names, other married names, aliases)		
Date of Birth:	Social Security Number:	
Phone Number:	Email:	
Current Address:		

RETURN RESULTS TO: (*If the section below is blank, results will be returned to the applicant ONLY*)

***Choose how to return the results and to who*

☒ Return to a 3rd Party

Individual Name: Kyli Hill	Agency Name: (if applicable) Office of Licensing & Accreditation
☒ Email Address: dsscrs@state.sd.us	☐ Mailing Address: 700 Governors Dr, Pierre, SD 57501

REASON FOR REQUEST

Select ONE reason for requesting a Utah Child Abuse Central Registry Check.
If the reason is not listed, select "other" AND specify the law/ordinance requiring the check.

☐ **UTAH** Private or Stepparent Adoption (Utah Code 78B-6-128)

☐ **Out of State** Foster Care/**Out of State** Adoption/ICPC (Adam Walsh Act 42 USC § 671)

☐ Custody Evaluation	☐ GAL/CASA	☐ Gestational Surrogacy	☒ Child Care Block Grant Act

☐ (Families First Act) Employees/Volunteers of congregate care or residential treatment settings

☐ Employment/Volunteer	Agency/Organization:	☐ Initial Check ☐ Renewal

☐ Other (please explain):

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IMPORTANT

THIS REQUEST CANNOT BE PROCESSED WITHOUT A SIGNATURE OF THE PERSON BEING CHECKED

The Utah Department of Health and Human Services, Division of Child and Family Services (DCFS) is authorized to investigate any past and present child abuse information which may be pertinent to your application according to 80-2-1001, 80-2-1002, and UCA 81-13-403. The release of any and all information is authorized whether it is of record or not. By signing below, I certify that I have read and understand this entire form, and that the information I have provided here is true, accurate, and complete to the best *of* my knowledge. I understand that providing false or incomplete information may result in delaying or possibly denying my request for background screening. It is also my understanding that under Utah Law, it *is* a crime for an unauthorized person to require me to request a background screening as *a* condition of employment, I also understand that DCFS may not release the results of this background screening unless I give my written consent, or unless such is authorized by law. I do hereby release all persons and entities from any legal liability, for furnishing such information to the State of Utah, Division of Child and Family Services.

Handwritten or Digitally Verified Signature of Applicant: *(Typed names or unverified digital signatures will not be accepted)*	Date:

(To be completed by Utah DCFS staff only)

ORIGINAL DATE RECEIVED *(for Utah DCFS use only):*	Walk in? ☐ Yes

☐ Date Completed:	The above named individual IS NOT listed in the Utah Child Abuse & Neglect Central Registry
☐ Date Completed:	The above named individual IS listed in the Utah Child Abuse & Neglect Central Registry
☐ Date Returned (if applicable):	Unable to process due to: ☐ Incomplete or illegible form ☐ Valid ID missing ☐ ID illegible ☐ ID Expired ☐ Missing Signature ☐ "Reason for Request" missing or unclear ☐ Other:
Check completed by:	

Contact Information: dcfscentralregistry@utah.gov

Angelita Florez: 801-540-0833

Sarena Thomas: 385-226-1545