VA Department of Social Services
Office of Background Investigations – Search Unit
5600 Cox Road, 2nd Floor
Glen Allen, VA 23060

Central Registry Release of Information Form

Search Fee $12.00

INSTRUCTIONS

Purpose: The Virginia Child Abuse and Neglect Central Registry is mandated by the Virginia Child Protective Law and contains the names of individuals identified as an abuser or neglector in founded child abuse and/or neglect investigations conducted in the state of Virginia. The findings are made by Child Protective Services staff in local departments of social services and are maintained by the Virginia Department of Social Services. Legal mandates for the Virginia Department of Social Services to provide a Central Registry and a mechanism for conducting searches of the registry are found in § 63.2-1515 of the Code Virginia.

Read all instructions before completing the form:
(Incomplete forms will be returned) THE NOTARY REQUIREMENT HAS BEEN REMOVED AND IS NO LONGER NEEDED.

Answer all questions completely and accurately by printing clearly in black ink or typing your answers. Failure to complete the form or to print legibly will result in a failed submission. The Office of Background Investigations will not accept request forms that appear to have been altered in any manner. Forms that contain strike outs, correction tape or white-out will result in a failed submission. All failed submissions will be returned to the requester.

- The applicants **current** legal first, middle and last name should be entered on the form; all these fields are mandatory.
- If a middle name is an initial, indicate in writing “initial only” otherwise, enter a full middle name given at birth. If there is no middle name, enter NMN. Middle name is a mandatory field.
- Maiden name is required and for all is the last name at birth.
- For “other names used” list all other names used, (ie. previous married names, nick name or any legal name or gender change - provide explanation on a separate sheet of paper and attach to your search request submission). Circle the appropriate title description in this space on the form.
- If the applicant has been married, divorced and/or widowed more than once, all spouse information should be entered.
- Date of Birth (DOB) is a mandatory field for applicant, spouse, children.
- If the answer to any question is none, write “N/A“.
- Sign the Central Registry Release of Information Form. Only original signatures will be accepted on the request form. No copies of the form will be accepted.
- A $12.00 fee is required for each search. Payment must accompany search forms. Only money orders, company/business checks, or cashier checks will be accepted. (If multiple requests are mailed together, one payment may be made for the total. All money orders, company/business checks, or cashier checks should be made payable to: Virginia Department of Social Services. Personal checks and cash will not be accepted. A $50 fee will be charged by OBI for all returned checks.)
- OBI no longer issues or accepts billed account codes for the purpose of billing. Payment is required with every search form unless your agency/facility or program meets an exception as defined in the Code of Va. No out of state submissions are exempt from payment.
- Page 2 contains additional space for spouse and/or children. Utilize this space if needed.
- Search results are not transferable and are not considered official beyond the requesting agency or individual.

MAIL THE COMPLETED, SIGNED SEARCH REQUEST FORM AND PAYMENT TO:
Virginia Department of Social Services
Office of Background Investigations, 2nd Floor
5600 Cox Road
Glen Allen, VA 23060

If you have questions about the Office of Background Investigations, Central Registry Search Unit please submit an email to crs_operations@dss.virginia.gov.

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Glen Allen, VA 23060

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REQUIRED: Purpose of Search

☐ Adam Walsh Law ☐ Adoptive Parent ☐ Babysitter/Family Day Care
☐ CASA ☐ Children's Residential Facility ☐ Custody Evaluation ☒ Day Care Center ☐ Foster Parent
☐ Institutional Employee ☐ Other Employment ☐ School Personnel ☐ Volunteer

MAIL SEARCH RESULTS TO: Agency, Individual or Authorized Agent Requesting Search

Name	Office of Licensing Accreditation
Address	700 Governors Dr
City	Pierre **State** SD **Zip** 57501
Contact Name	Kyli Hill **Tel.#** 6054809407 **Ext**
REQUIRED: Contact E-Mail	dsscrs@state.sd.us

Account Code/FIPS Code
Use only an E, U, B, or T CODE:

Mandatory if agency code has been assigned

PART I: DETAILS OF INDIVIDUAL WHOSE NAME MUST BE SEARCHED

*Legal Last Name:	*Legal First Name:	*Middle Name At Birth: (If middle name is an initial, indicate "Initial Only" below)

*Maiden Name: (Last name at birth)	*Gender: If other, write in OTHER	*Date of Birth **(MM/DD/YYYY)**	Race:
	☐ Male ☐ Female		

Driver's License Number or ID #:	*Social Security Number:	Other name: previous married name/nickname/name change (refer to instruction page)

*Current Address: (Include house # and street name, Apt # if applicable)	*City:	*State:	*Zip Code:

***Applicant's Prior Addresses: All Addresses**

*(Include house # and street name, Apt # if applicable)	*City	*State	*Zip	*Start Date **(MM/YY)**	*End Date **(MM/YY)**

Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Partner

List current spouse or partner. If divorced or widowed, list all previous spouses. If never married, write 'N/A'.

*Legal Last Name:	*Legal First Name:	*Middle Name (given at birth)	*Maiden Name: (Last name at birth)	Race:	*Gender: If other, write in OTHER	*Date of Birth: **(MM/DD/YYYY)**
					☐ Male ☐ Female	
					☐ Male ☐ Female	
					☐ Male ☐ Female	

List all of your children. If you have none, write **'N/A'.** Include all adult children, step and foster children not living with you.

*Legal Last Name:	*Legal First Name:	*Middle Name: (given at birth)	*Relationship:	*Gender: If other, write in OTHER Sex	*Date of Birth: **(MM/DD/YYYY)**
				☐ Male ☐ Female	
				☐ Male ☐ Female	
				☐ Male ☐ Female	

Add additional spouse/children here:

*Legal Last Name:	*Legal First Name:	*Middle Name: (given at birth)	*Maiden Name: (If listing additional Spouse)	*Relationship:	*DOB: (mm/dd/yyyy)

PART II: CERTIFICATION AND CONSENT FOR RELEASE OF INFORMATION REQUIRED

I hereby certify that the information contained on this form is true, correct and complete to the best of my knowledge. Pursuant to Section 2.2-3806 of the Code of Virginia, I authorize the release of personal information regarding me which has been maintained by either the Virginia Department of Social Services or any local department of social services which is related to any disposition of founded child abuse/neglect in which I am identified as responsible for such abuse/neglect.

_____ _____

Signature of person whose name is being searched — Date:

Parent or Guardian signature (Required for minor children under the age of 18) — Date: