



Utah Child Abuse Central Registry Request

Walkin (DCFS Use Only)

INSTRUCTIONS

- Please PRINT legibly or TYPE, complete all information requested
- Submit form with a legible and current copy of one of the following photo identifications:
 - Valid Driver License
 - State Identification Card
 - Passport
- Please send completed form and copy of photo ID to Division of Child & Family Services by:
 - EMAIL: **dcfscentralregistry@utah.gov**
 - FAX: Attn: Child Abuse Background Screening to 801-538-3993
 - MAIL: Division of Child & Family Services Attn: Child Abuse Background Screening 195 North 1950 West Salt Lake City, UT 84116

APPLICANTS INFORMATION

Last Name		First Name		Full Given Middle Name <input type="checkbox"/> Initial Only <input type="checkbox"/> None	
Former Names Including Married, Maiden, Aliases, Nicknames, Middle Name					
Date of Birth	Social Security Number	Phone Number	Email		
Current Address					
City		State	Zip Code		

RETURN RESULTS TO: (Note-if email is marked that will be our default return process)

Applicant by: Email Mailing Address In person (*walk-ins only*)

Agency Name: _____ Attention: _____

Email Address: _____ Fax: _____

Mailing Address: _____

REASON FOR REQUEST

(Mark One)

- | | | |
|--|--|--|
| <input type="checkbox"/> Private Adoption | <input type="checkbox"/> Custody Evaluation | <input type="checkbox"/> Volunteer/Employment-(Type: <i>child care, school, etc.</i>) |
| <input type="checkbox"/> Step Parent Adoption | <input type="checkbox"/> Gestational Surrogacy | |
| <input type="checkbox"/> Foster/Adoptive Parent Requirement (Adam Walsh) | <input type="checkbox"/> GAL/CASA | |

The Utah Department of 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 UCA 62A-4a-1006 and UCA 78B-6-128. 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.

Signature of Applicant (electronic or typed signatures will not be accepted): _____ Date: _____

RESULTS

(To be completed by DCFS Only)

Check completed pursuant to 78B-6-128

NO HISTORY in the Utah Child Abuse/Neglect Main Information System

HISTORY FOUND in the Utah Child Abuse/Neglect Main Information System

Check completed pursuant to Adam Walsh Act 42 U.S.C. § 671

NO SUPPORTED HISTORY in the Utah Child Abuse/Neglect Main Information System

SUPPORTED HISTORY FOUND in the Utah Child Abuse/Neglect Main Information System

Check completed pursuant to 62A-4a-1006

NOT LISTED on the Child Abuse/Neglect Licensing Information System

LISTED on the Child Abuse/Neglect Licensing Information System

Pursuant to 62A-4a-412(2)(a)&(b)

NOT ABLE TO COMPLETE REQUEST

Completed by: DCFS Background Screening Coordinator