Authorization and Consent to Release Information				
a. Valid Driver License b. State Identification Card c. Passport				
 a. EMAIL (preferred): dcfscentralregistry@utah.gov b. FAX: 801-538-3993 Attn: Child Abuse Background Screening c. MAIL: Division of Child & Family Services Attn: Child Abuse Background Screening 195 N 1950 W Salt Lake City, UT 84116 				
APPLICANTS INFORMATION				
FULL Middle Name:		Last Name:		
Former Names (include maiden names, other married names, aliases)				
Date of Birth: Social		ocial Security Number:		
Phone Number: E		Email:		
Current Address:				
RETURN RESULTS TO: (If email is marked, that will be the default return process)				
Name: Agency: (If ap		plicable)		
alkins) Email Address:			Fax:	
Mailing Address:				
REASON FOR REQUEST				
Select <u>ONE</u> 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.				
doption (Utah Code 78	B-6-128)			
dam Walsh Act 42 USC	§ 671)			
Child Care Block Grant Act Provider:			Sponsor:	
Custody Evaluation GAL/CASA Gestational Surrogacy			Су	
(Families First Act) Employees/Volunteers of congregate care or residential treatment settings				
Employment/Volunteer (Please see 62A-4a-1006(7)(a) & (b)) Self Check/Other (Please explain):				
	Address: Addres	H Child Abuse Central Regis INSTRUCTIONS a. Valid Driver License b. State Identification Card c. Passport a. EMAIL (preferred): dcfscentralregi b. FAX: 801-538-3993 Attn: Child Abuse Backgrou c. MAIL: Division of Child & Family S Attn: Child Abuse Backgrou c. MAIL: Division of Child & Family S Attn: Child Abuse Backgrou c. MAIL: Division of Child & Family S Attn: Child Abuse Backgrou 195 N 1950 W Salt Lake City, UT 84116 APPLICANTS INFORMATIO FULL Middle Name: ness, other married names, aliases) Social Security Email: Social Security Email: Social Security Address: REASON FOR REQUEST Utah Child Abuse Central Registry Check Address: Magency: (If ap Address: Address: REASON FOR REQUEST Utah Child Abuse Central Registry Check adoption (Utah Code 78B-6-128)	H Child Abuse Central Registry Reque INSTRUCTIONS a. Valid Driver License b. State Identification Card c. Passport a. EMAIL (preferred): dcfscentralregistry@utah.gov b. FAX: 801-538-3993 Attn: Child Abuse Background Screening c. MAIL: Division of Child & Family Services Attn: Child Abuse Background Screening 195 N 1950 W Salt Lake City, UT 84116 APPLICANTS INFORMATION FULL Middle Name: Last Name: tes, other married names, aliases) Social Security Number: Email: Social Security Number: Agency: (If applicable) Address: Mathed that will be the default	

Previous versions of this form are obsolete and will not be accepted.

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

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 UCA 62A-4a-1003.5, 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 (digital signatures will not be accepted) :

Date:

Walk in?

(To be completed by DCFS staff only)

ORIGINAL DATE RECEIVED (for DCFS use only):

	The above named individual <u>IS NOT</u> listed in the Utah Child Abuse & Neglect Central
Date Completed:	Registry
	The above named individual <u>IS</u> listed in the Utah Child Abuse & Neglect Central Registry
Date Completed:	
	Unable to process due to:
Date Returned (if applicable):	Incomplete or illegible form
	Valid ID missing or illegible
	Signature
	Other
Verified by:	
	Contact Information:
	Angelita Florez: 801-540-0833
	<u>dcfscentralregistry@utah.gov</u>