State of Kansas
Department for Children and Families
Prevention and Protection Services

Child Abuse and Neglect Central Registry

Release of Information

All releases and fees should be sent via postal mail to the attention of: **DCF, Child Abuse and Neglect Central Registry, P.O. Box 2637, Topeka, KS 66601.**

Please complete the information below by printing legibly in ink. All requested information is required to process this request. Incomplete information (blank spaces) will result in the release not being processed and returned. The release may be re-submitted with all requested information.

CONFIDENTIALITY: ***Kansas Department for Children and Family 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.***

I, _____, give permission for the release of any information concerning
(Please print complete first, middle and last name)
myself in the Child Abuse and Neglect Central Registry to:

A. Contact Person:	
Agency Name:	
Mailing address:	
Phone Number:	( )

I understand that all information released will be for the exclusive and confidential use of the above named organization/person/agency. I give permission for the release of any information concerning myself in the Child Abuse and Neglect Central Registry each year while I am employed or associated with the above agency.
☐ Yes ☐ No

First, Middle and Last Name: _____

Maiden Name: (Female applicant only) _____

Married Names, Nicknames or Other Names Used: (Use N/A if no other names used) _____

Date of Birth: _____ Race: _____

Social Security #: _____ Gender: ☐ Male ☐ Female

Current Address: _____

_____

Signature: _____ Date: _____

Each request must be submitted with payment prior to the request being processed. Please attach appropriate fee of $10.00 per release of information. The following state agencies are exempt from the $10.00 fee: KDOC-JS (Administrative Office or Facilities), KNI, Dept. Of Education- Administrative Office, KDHE, KDADS, State Hospitals, State Correctional Institutions, Tribal Authorities, Attorney General's Office, Kansas School for the Blind, Kansas School for the Deaf, Child Welfare agencies in other states. Sub-contracting agencies are not exempt and will be assessed the $10.00 fee.

Mentor record checks, i.e. Big Brothers Big Sisters, are exempt from the $10.00 fee. For a complete list of Mentor Programs, go to: http://community.ksde.org/Default.aspx?tabid=5194 If this is a mentor record check, please make sure the box below is checked.

Mentor Program: ☐ If yes, please check

For Central Registry Use Only

_____ **FEE ATTACHED**