

KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES

Child Abuse and Neglect Central Registry

P.O. Box 2637 ● Topeka, KS 66601 ● DCF.CentralRegistry@ks.gov

Release of Information

Complete form by printing legibly in ink. Fee of \$10.00 per Release of Information form may be required prior to processing.

OBI 1011

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All releases and fees are to be sent to the address or email listed above (see below for specifics)

| corporation, violation of | or other entity | nsas Department for Chil. shall willfully or knowing lity requirements of K.S.A to \$1,000. | gly disclose, permit, | or encourage disclosu | re of the con | tents of records | or reports i | n |
|---|---|---|-----------------------|-----------------------|--------------------------------------|-------------------|--------------|----------------------|
| Contact Pers | son: | | | Agency/Org.: | | | | |
| Phone #: | | | | Address: | | | | |
| Email: | | | | City/State/Zip: _ | | | | |
| | J | ncrypted email (list if di | • |): | | | D P | Postal Mail |
| Fee incl | | T . | | vable to DCF) or ca | sh Postal n | nail only | | |
| | ☐ Online Payment* S10 per request. Check, Money Order (payable to DCF) or cash. Postal mail only. www.dcf.ks.gov – 'Online DCF Payments' bottom of page. Payment Portal. Submit receipt with RO. | | | | | | | OI form(s) |
| ☐ Pre-Pay | | Agency/Org. has Pre-P | | FEIN: | ayment 1 ort | ur. Bublint recei | pt with ite | 51 101111(5). |
| ☐ Mentori | ng Account* | As listed in the Kansas | | | ntorkansas.oi | rg/Find-a-Progr | am | |
| ☐ Exempt | | No fee for State government agencies (Sub-contracting agencies not included). | | | | | | |
| *Release of | Information fo | orms may be submitted | | | | dea). | | |
| the contact This organ OTHER NAM maiden, n DATE OF BI SOCIAL SEC CURRENT A | ct listed above. nization/person MES USED: (An icknames, etc. RTH: CURITY #: ADDRESS: | e release of any of my is I understand the informagency may check my my/all aliases, married, 'N/A' if none used.): | rmation released is | for their exclusive | and confide or associate RACE: | ential use: | Yes Yes | □ No □ No Female |
| CITY, STAT | E, ZIP: | | EMAIL: | | | | | |
| I HONE. | | | EWIAIL. | | | | | |
| SIGNATURE | <u> </u> | | | | DATE: | | | |
| DCF ONLY: | Abuse/Neglect Per KSA 65-50 prohibited from | is listed in the Child Central Registry. 4 and 65-516 this person working, residing, or a licensed child care | ATCH | | | CLEA | ARED | |
| (see attached | | ocument for more info.) | | | | | | |