

Please **type** or **print** clearly. Sign the form in **blue** ink, and date where indicated. Thoroughly review and submit to the CFSA CPR office. **Allow up to 30 business days** for results to be processed. Expedited requests will be considered on a case-by-case basis. **Forms will be returned** if incomplete, incorrect, or illegible resulting in a delayed response.

PART I: Requesting Organization/Employer Information

Request Date		Corrected Application Re-submission Date	
Requestor Type			
<input type="checkbox"/> Court	<input type="checkbox"/> Government Agency	<input type="checkbox"/> Non-Government Organization	<input type="checkbox"/> Self (<i>personal use only</i>)
Purpose			
<input type="checkbox"/> Adoption	<input type="checkbox"/> Court Request	<input type="checkbox"/> Foster/Adoption Licensing	<input type="checkbox"/> Kinship Licensing
<input type="checkbox"/> Visitation	<input type="checkbox"/> Current Employee/Volunteer	<input type="checkbox"/> New Hire/Volunteer	<input type="checkbox"/> Other:
Requesting Organization/Employer/Childcare Provider Contact Information (results cannot be mailed to a P.O. Box)			
Requesting Organization			
Attention To			
Requestor Address			
Phone Number		Fax	
		Email	
Preferred method to return CPR check results to the requesting organization		<input type="checkbox"/> Mail	<input type="checkbox"/> Fax
		<input type="checkbox"/> Email	

PART II: Applicant Information

****Write N/A in the box if a question does not apply to you****

Last Name (include suffix if applicable)	First Name	Full Middle Name (write "no middle name" if there is none)	
Date of Birth (MM/DD/YYYY)	Social Security Number (or USCIS/Alien Registration #)	Gender (on birth certificate)	
		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Other Names Used (nicknames, alias, maiden name, previous married name, legal name change, etc.)			

Household Information. List all children born to the applicant, living and deceased, and any others currently living with the applicant.

Name (first name, middle name, last name)	Date of Birth	Relationship to Applicant

PART III: Applicant Consent

I hereby consent and authorize the D.C. Child and Family Services Agency to provide the Requestor (noted in Part I) information concerning me that is contained in the Child Protection Register ("CPR").

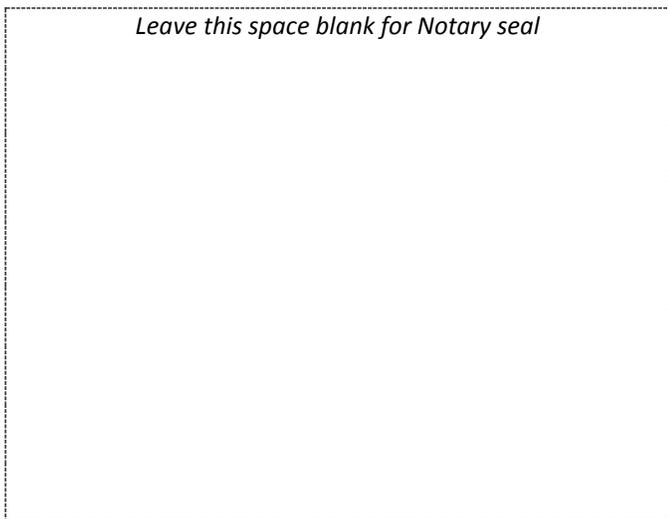
Printed Name: _____

Signature: _____

Must be signed in blue ink; electronic signatures not permitted

Date: _____

PART IV: Certificate of Acknowledgement of the Applicant before a Notary Public



Applicant Name
(Printed)

Applicant Signature
(must be signed **AGAIN** in the presence of the Notary)



Date

Subscribed and affirmed or sworn to me, in my presence, on this _____ day of _____, 20__

Signature of Notary Public: _____ in the state of, _____

My commission expires on ____/____/____

PART V: Self Check, CFSA Resource Parent, and CFSA Kinship Caregiver In-Person Verification

CFSA USE ONLY: Identification has been shown to me that I have deemed satisfactorily identifies the applicant:

Type of ID		ID #	
CFSA Employee Name (print)			
CFSA Employee Title (print)			
CFSA Employee Signature			