IDAHO DEPARTMENT OF HEALTH & WELFARE

AUTHORIZATION AND CONSENT TO RELEASE INFORMATION FROM THE IDAHO CHILD ABUSE AND NEGLECT CENTRAL REGISTRY

INSTRUCTIONS

- This form **must** be completed in its entirety.
- It **must** be signed by the person that is being checked, or, by their parent/guardian if the subject of the search is under the age of eighteen (18).
- The signature **must** be notarized.
- Include a check, money order, or appropriate invoice in the amount of $20.00 payable to: "**Idaho Department of Health and Welfare**" or "**IDHW**". DO NOT SEND CASH.
- Requests **must** be mailed to:

IDHW – Criminal History Unit
ATTN: CWIS
P.O. Box 83720
Boise, Idaho 83720

PERSON BEING CHECKED (PRINT CLEARLY OR TYPE):

IF THE FORM IS ILLEGIBLE OR INCOMPLETE, IT WILL BE REJECTED AND RETURNED

LAST NAME:	FIRST NAME:
MAIDEN/FORMER NAME(S)/ALIASES:	
DATE OF BIRTH:	SOCIAL SECURITY NUMBER:

AGENCY INFORMATION:

IF THIS REQUEST IS FOR A CITY DAYCARE LICENSE, LIST THE CITY NAME AS THE LICENSING AGENCY IN THE SECTION BELOW

LICENSING AGENCY/EMPLOYER NAME:

RETURN RESULTS TO:

IF AN EMAIL ADDRESS IS PROVIDED, THAT WILL BE THE DEFAULT RETURN PROCESS

NAME: **NDDHS, Children & Family Services (CBCU)**

STREET/PO BOX: **600 E BOULEVARD AVE, DEPT 325**	EMAIL: **dhscfscbc@nd.gov**
CITY/STATE/ZIP: **BISMARCK ND 58505-0250**	FAX NUMBER: **(701)328-0358**

REASON FOR REQUEST:

SELECT THE REASON TO SEARCH THE IDAHO CHILD PROTECTION REGISTRY. IF THE REASON FOR THE REQUEST IS NOT LISTED, SELECT "OTHER" AND SPECIFY THE LAW/ORDINANCE REQUIRING THE CHECK TO BE COMPLETED.

- ☐ Foster Care/Adoption/ICPC (Adam Walsh Act 42 USC 16961 Section 152)
- ☑ Child Care Employment (CCDBG)
- ☐ Guardian ad Litem/Court Appointed Special Advocate
- ☐ Other (**must specify law/ordinance**):

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IMPORTANT:
THIS REQUEST CANNOT BE PROCESSED WITHOUT THE NOTARIZED SIGNATURE OF THE PERSON BEING CHECKED

I authorize and direct the Idaho Department of Health and Welfare Criminal History Unit to release the results of this search of the Child Abuse and Neglect Central Registry to the agency above.

I understand that the results and information about me contained in the Child Abuse and Neglect Central Registry may prove to be unfavorable to me and that a history of substantiated child abuse or neglect will effect my ability to work with children or vulnerable adults. I further understand that this information may later be disclosed by the individual/organization listed above. I do hereby fully, finally and forever discharge, release, acquit, and hold harmless the Idaho Department of Health and Welfare, its officers, agents, employees, and staff from any and all claims, liens, demands, liability, suits, judgments, or actions of whatever kind, whether known or unknown, which I may have at any time associated with the release of information I have requested using this form. If it appears to me that the information in the Child Abuse and Neglect Central Registry has not been updated or appears inaccurate, I will notify the Idaho Department of Health and Welfare immediately. This authorization and consent shall be binding upon my heirs, representatives, executors, administrators, assigns, and successors and no promise, inducement or agreement not herein expressed has been made to me. The terms of this authorization and consent are contractual in nature and are not mere recitals. This is a continuing authorization and consent which shall remain effective until revoked by me in writing.

THE UNDERSIGNED HAVE READ THE FOREGOING AND FULLY UNDERSTAND IT.

PRINT NAME:	SIGN (PARENT/GUARDIAN IF UNDER 18):

STATE OF _____
COUNTY OF _____
SUBSCRIBED AND SWORN (OR AFFIRMED) BEFORE ME THIS _____ DAY OF _____, 20_____.

NOTARY PUBLIC SIGNATURE _____

MY COMMISSION EXPIRES ON _____

SEAL

RESULTS:
TO BE COMPLETED BY IDHW STAFF ONLY

☐	THE ABOVED NAMED INDIVIDUAL **IS NOT** LISTED ON THE IDAHO CHILD ABUSE AND NEGLECT CENTRAL REGISTRY.
☐	THE ABOVED NAMED INDIVIDUAL **IS** LISTED ON THE IDAHO CHILD ABUSE AND NEGLECT CENTRAL REGISTRY.
☐	UNABLE TO PROCESS DUE TO:
	☐ INCOMPLETE FORM
	☐ PAYMENT NOT INCLUDED
	☐ ILLEGIBLE – UNABLE TO READ INFORMATION ON FORM
	☐ OTHER:

COMPLETED BY: (IDHW STAFF ONLY)

SIGNATURE:	DATE: