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

INSTRUCTIONS	
1. Please PRINT legibly or TYPE	
2. Submit form with a LEGIBLE and CURRENT copy of one of the following photo identifications:	a. Valid Driver License b. State Identification Card c. Passport
3. Please send COMPLETED form and COPY OF PHOTO ID to Division of Child & Family Services by:	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 81116

APPLICANTS INFORMATION		
First Name:	FULL Middle Name:	Last Name:
Former Names (include maiden names, other married names, aliases)		
Date of Birth:	Social Security Number:	
Phone Number:	Email:	
Current Address:		

RETURN RESULTS TO: (If email is marked, that will be the default return process)		
Name:	Agency: (If applicable) NDDHS, Children & Family Services (CBCU)	
☐ In Person (Walkins) *By appointment only*	☐ Email Address:	☒ Fax: 701-328-0358
☐ Mailing Address:		

REASON FOR REQUEST			
Select **ONE** 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.**			
☐ **UTAH** Private or Step Parent Adoption (Utah Code 78B-6-128)			
☐ Foster Care/Adoption/ICPC (Adam Walsh Act 42 USC § 671)			
☒ Child Care Block Grant Act	Provider:	Facility#	Sponsor:
☐ Custody Evaluation	☐ GAL/CASA	☐ Gestational Surrogacy	
☐ (Families First Act) Employees/Volunteers of congregate care or residential treatment settings			
☐ Employment/Volunteer *(Please see 62A-4a-1006(7)(a) & (b))*	Agency/Organization:		
☐ Self Check/Other (Please explain):			

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IMPORTANT

THIS REQUEST CANNOT BE PROCESSED WITHOUT A SIGNATURE OF THE PERSON BEING CHECKED

The Utah Department of 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-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:**

(To be completed by DCFS staff only)

ORIGINAL DATE RECEIVED *(for DCFS use only):*	Walk in? ☐ Yes

☐ Date Completed:	The above named individual **IS NOT** listed in the Utah Child Abuse & Neglect Central Registry
☐ Date Completed:	The above named individual **IS** listed in the Utah Child Abuse & Neglect Central Registry
☐ Date Returned (if applicable):	Unable to process due to:
	☐ Incomplete or illegible form
	☐ Valid ID missing or illegible
	☐ Signature
	☐ Other
Verified by:	