

**CONSENT TO RELEASE INFORMATION FROM THE
Child Protective Services System Central Registry**

ORIGINAL REQUESTS MUST BE MAILED. FAXES WILL NOT BE ACCEPTED.

INSTRUCTIONS

The "Consent to Release Information from the Child Protective Services System Central Registry" form is to be completed by individuals who are requesting the release of child abuse and neglect information from the Child Protective Services System Central Registry.

The information released by the Department of Human Services is restricted to confirmed cases of child abuse or neglect in which an individual was confirmed as the perpetrator of child abuse or neglect.

By completing this form, the individual gives the Department of Human Services consent to conduct a Child Protective Services System Central Registry check and to release the information to the individual or to another individual or organization as specified by the requesting individual.

PRINT CLEARLY OR TYPE THE REQUESTED INFORMATION. The request may be returned for clarification if the information is not clear, which will delay the completion of your request. Be sure to sign and date the form and **mail the original form** to:

Department of Human Services
Child Welfare Services Branch
Statewide Child Welfare Services Section
420 Waiakamilo Road, Suite 300A
Honolulu, Hawaii 96817.

A copy is to be provided to the individual requesting the Child Protective Services System Central Registry check.

Copies of the instruction sheet and the consent form can be duplicated as needed.

**CONSENT TO RELEASE INFORMATION FROM THE
Child Protective Services System Central Registry**

I, _____ hereby give my consent to have the Department of Human
(Please Print)
Services (DHS) conduct a child welfare services Child Protective Services System Central Registry check
On me and to release the information to:

Name of Individual or Organization: Amber Hernandez, Kansas Dept. of Health and Environment

Relationship: Licensing Agency for Child Care in Kansas

Address: 1000 SW Jackson Street, Ste. 200, Topeka, Kansas 66612

Phone Number: 785-296-8475

This consent shall terminate a year from the date of my signature below. I understand that the information I
Provide about myself shall be used solely for the purpose of conducting the Child Protective Services System
Central Registry check.

My Date of Birth: _____ **My Social Security Number:** _____

Any Alias, Former Name, Including Maiden Name: _____

The information to be released shall be limited to the history of abuse or neglect in which I was identified as a
Perpetrator and as specified below:

Child Protective Services System Central Registry:

- Date of CONFIRMED incident(s) only
- Type of abuse for each incident

I understand that the release of this information may be used as part of a background check for employment
Purposed and to comply with the requirements for various social services programs within the Department
of Human Services, which may result in employment suspension or termination.

Signature

Date

**Mail the original form to: Department of Human Services, Child Welfare Services Branch,
Oahu Child Welfare Services Section 3, Attn: CAN Clearances, 420 Waiakamilo Road, Suite
300A, Honolulu, Hawaii 96817. Faxes will not be accepted.**