

**Arizona Department of Economic Security (ADES)
Child Care Administration (CCA)
Provider Contracts Unit**

INTERSTATE CENTRAL REGISTRY RELEASE OF INFORMATION

Instructions:

1. Complete all information on this page, type or print legibly in ink. If an item is not applicable, please note as NA.
2. Submit a separate form for each individual whose name is to be searched. Each form must be signed by the person whose name is to be searched, and notarized.
3. Mail forms to: DES/DERS/Background Investigation Unit., Central Registry, P. O. Box 6123, MD 85B1, Phoenix, AZ 85007.

NAME TO BE SEARCHED (<i>Last, First, M.I.</i>)		MAIDEN NAME IF APPLICABLE	
NICKNAMES/ALIASES KNOWN BY (<i>including last names from previous marriages</i>) (<i>Use a separate sheet if needed.</i>)			
GENDER/SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH	SOC.SEC.NO.	DRIVER'S LICENSE NO./STATE
CURRENT MAILING ADDRESS (<i>No., Street, City, State, ZIP</i>)			PHONE NO. (<i>Include Area Code</i>)
ADDRESSES FOR THE PAST FIVE (5) YEARS (<i>No., Street, City, State, ZIP</i>) (<i>Use a separate sheet if needed.</i>)			FROM (YEAR)
			TO (YEAR)
CURRENT SPOUSE'S FULL NAME (<i>Last, First, M.I.</i>)			
LIST ALL PRIOR SPOUSE'S NAMES (<i>Use a separate sheet if needed.</i>)			
FULL NAMES OF CHILDREN (<i>Adult, step, foster, adopted and not living with you.</i>) (<i>Use a separate sheet if needed.</i>)			
I hereby certify under penalties of perjury that the answers given above are true and correct to the best of my knowledge and belief. By signing this document, I give permission to the states mentioned above to conduct a search of their Central Registry for Abuse/Neglect records and to release any and all information in its entirety to the Arizona Department of Economic Security, Child Care Administration.			
SIGNATURE OF PERSON WHOSE NAME IS TO BE SEARCHED		NAME PRINTED	DATE SIGNED

State of Arizona, County of _____

Subscribed and sworn or affirmed and acknowledged before me this _____ day of _____, 20____

My commission expires _____ Signature of Notary Public _____

FOR USE ONLY BY State, County or Agency providing information to Arizona

<input type="checkbox"/> Substantiated or founded Protective Services report(s) has (have) been located in this state involving the above named individual. (<i>attach</i>)		
<input type="checkbox"/> No substantiated or founded Protective Services report(s) has (have) been located in this state involving the above named individual.		
TITLE OF PERSON COMPLETING REGISTRY CHECK	SIGNATURE	DATE

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact 602-542-4248; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. • Disponible en español en línea o en la oficina local.