## Authorization and Consent to Release Information <u>UTAH</u> Child Abuse Central Registry Request

INSTRUCTIONS						
1. Please PRINT legibly or TYPE						
2. Submit form with a LEGIBLE of CURRENT copy of one of the following photo identifications:		a. Valid Driver License b. State Identification Card c. Passport				
3. Please send COMPLETED formand COPY OF PHOTO ID to Division of Child & Family Services by:	sion b. <u>FAX</u> : 801-538-39 Attn: Child c. <u>MAIL</u> : Division of Attn: Child 195 N 195 Salt Lake 0	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 84116				
		INFORMATIO	Ť			
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: Nino Smith		Agency: (If applicable)  AZ DES DCC Central Registry Unit				
☐ In Person (Walkins) ☐ Email Address:		iotry@ozdoo ay	21/	Fax:		
By appointment only ccacentralregistry@azdes.gov  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	Gestatio	onal Surroga	су		
(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 Health and 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-1003.5, 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.

request a background screening as	a condition of employment, I also unders	stand that DCFS may not rele	ase the results of this		
	my written consent, or unless such is aut				
Signature of Applicant (digital si	ng such information to the State of Utah, [gnatures will not be accepted):	Date:	ervices.		
	(To be completed by DCF	S staff only)			
ORIGINAL DATE RECEIVED (for E	OCFS use only):		Walk in?		
Date Completed:	The above named individual <u>IS NOT</u> Registry	listed in the Utah Child Al	ouse & Neglect Central		
Date Completed:	The above named individual <u>IS</u> listed	d in the Utah Child Abuse	& Neglect Central Registry		
	Unable to process due to:				
Date Returned (if applicable):	Incomplete or illegible form				
	Valid ID missing or illegible				
	Signature				
	Other				
Verified by:					
			Contact Information:		
			Angelita Florez: 801-540-0833 dcfscentralregistry@utah.gov		