

**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: Office of Licensing & Accreditation - Kyli Klinger P.A.I

Relationship: Child Care Licensing Agency

Address: 700 Governors Dr Pierre, SD 57501

Phone Number: 605-773-3612 ext: 360-0146

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.**