

# THIRD PARTY RELEASE FORM

Utah Department of Public Safety • Bureau of Criminal Identification  
4315 South 2700 West, Suite 1300, Taylorsville, Utah 84129



**WHEN FILLING OUT THIS FORM, TYPE OR PRINT IN BLACK INK.** If you wish to have your criminal history record or certificate of eligibility sent to an individual other than yourself, you must indicate the name of the person or agency to whom you would like the document sent and the mailing address.

**NAME:** \_\_\_\_\_  
*(Name of Person to Receive Report)*

**AGENCY:** Office of Licensure & Accreditation (if applicable)

**MAILING ADDRESS:** 910 E Sioux Ave Pierre, SD 57501

**PHONE NUMBER:** 605-773-4766 *(Street/Box number)* *(City)* *(State)* *(Zip)*  
**EMAIL ADDRESS:** DSSCRS@state.sd.us  
*EMAIL IS FOR EXPUNGMENT APPLICATIONS ONLY*

I request that the criminal history record or certificate of eligibility for which I applied be released to the individual or agency indicated above at the listed address. I hereby release the Bureau of Criminal Identification from any liability resulting from such release.

**Name of applicant (Print):** \_\_\_\_\_

**Signature of applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# Authorization and Consent to Release Information

## Utah Child Abuse Central Registry Request

**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:

