THIRD PARTY RELEASE FORM

MINAL IDE

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:	(if applicable)				
PHONE NUMBER: 605-773-4766 EMAIL ADDRESS: DSSC	(State) (Zip) CRS@state.sd.us NGMENT 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 <u>UTAH</u> Child Abuse Central Registry Request

<u>UTAH</u> Child Abuse Central Registry Request						
INSTRUCTIONS						
1. Please PRINT legibly or TYPE						
2. Submit form with a <u>LEGIBLE</u> and	a. Valid Driver License					
<u>CURRENT</u> copy of one of the	b. State Identification C	ard				
following photo identifications:	c. Passport					
3. Please send <u>COMPLETED</u> form	a. EMAIL (preferred) :	dcfscentralreg	istry@utah.go	<u>vc</u>		
and <u>COPY OF PHOTO ID</u> to Division	b. <u>FAX</u> : 801-538-399	3				
of Child & Family Services by:		buse Backgrou	-			
		Child & Family S				
		Abuse Backgrou	nd Screening			
	195 N 1950					
		ty, UT 81116				
	APPLICANTS	INFORMATION				
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 RESUL	.TS TO: (If email is marke	d, that will be t	he default ret	urn process)		
Name:		Agency: (If app SD DS		icensing & Accreditation		
🗌 In Person (Walkins) 🛛 🔀 Email /	Address:	L		Fax:		
By appointment only	DSSCRS@st	ate.sd.us				
Mailing Address: 910 E Sioux A	ve Pierre, SE	0 57501-2291				
	REASON F	OR 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 Gestational Surrogacy						
(Families First Act) Employees/Volunteers of congregate care or residential treatment settings						
Employment/Volunteer Agency/Organization: (Please see 62A-4a-1006(7)(a) & (b))						
Self Check/Other (Please explain):						

Previous versions of this form are obsolete and will not be accepted.

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 DC	Walk in?					
Date Completed:	The above named individual <u>IS NOT</u> listed in the Utah Child Ab	use & Neglect Central Registry				
Date Completed:	The above named individual <u>IS</u> listed 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:		SP THE STORE				