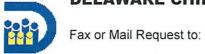
DELAWARE CHILD PROTECTION REGISTRY REQUEST FORM



x or Mail Request to: OCCL, Criminal History Unit
Concord Plaza, Hagley Building

3411 Silverside Road
Wilmington, DE 19810
Phone: 302-892-5800 Fax: 302-633-5191



When requesting Child Protection Registry checks:

- . Allow 15 working days for results to be processed
- · Do not use a cover sheet
- · Do not send duplicate requests
- · Form must be submitted to DSCYF within 90 days of signature date in order to be processed

| PART I. APPLICANT INFORM | ATION (<u>PLEASE PRINT CL</u> | EARLY) | |
|--|--|---|--|
| Name: | | | |
| Last | First | Middle | |
| Other Name(s) used: | | DE Drivers License # | |
| Social Security # | Date of Birth: _ | Sex: | Race: |
| Address: | | | |
| (Street) | (City) | (State) | (Zip) |
| Are you on the Delaware child protecti | on registry for any substantiated ca | ases of child abuse/neglect | ? [Yes [No |
| | | | |
| If yes, explain: | | | |
| I hereby authorize The Delaware Departme organization with all substantiated cases of further release the Delaware Department of all claims arising out of or in any way conn | child abuse or neglect concerning me Services for Children, Youth and The | contained in the Delaware chi ir Families, its officers and en | ild protection registry. In ployees from any and |
| Signature: | | Date: | |
| Parent / Guardian Signature (If applican | nt is under the age of 18) | | |
| | | | |
| PART II. AGENCY/ORGANIZATI | ON INFORMATION - (<u>MUST B</u> | E COMPLETED IN ORD | <u>DER TO PROCESS</u>) |
| DEDUCATION HEALTH | Please check only one: | OTHER | |
| Agency Identification Number (if applied Requesting Agency Name: University | | | |
| Address: 200 Academy Street, Room | | | |
| | occupanti proper visitati. Transpartino attivi | t Person: Marie Senff | |
| | DSCYF USE ONLY: | - | |
| The individual listed above (is listed) (is | NOT listed) on the Delaware Child Protect | etion Registry. | |
| Date: DSCYF Crimina | l History Unit | | |