



## DELAWARE CHILD PROTECTION REGISTRY REQUEST FORM



Fax 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 INFORMATION (*PLEASE PRINT CLEARLY*)

Name: \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Other Name(s) used: \_\_\_\_\_ DE Drivers License # \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_  
mm / dd / yyyy

Address: \_\_\_\_\_  
(Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Are you on the Delaware child protection registry for any substantiated cases of child abuse/neglect?  Yes  No

If yes, explain: \_\_\_\_\_

I hereby authorize The Delaware Department of Services for Children, Youth and Their Families to provide the below named agency/organization with all substantiated cases of child abuse or neglect concerning me contained in the Delaware child protection registry. I further release the Delaware Department of Services for Children, Youth and Their Families, its officers and employees from any and all claims arising out of or in any way connected to the release or dissemination of any information concerning me.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Guardian Signature (If applicant is under the age of 18) \_\_\_\_\_

### PART II. AGENCY/ORGANIZATION INFORMATION - (*MUST BE COMPLETED IN ORDER TO PROCESS*)

Please check only one:



EDUCATION



HEALTH CARE



CHILD CARE



OTHER \_\_\_\_\_

Agency Identification Number (if applicable): 1838

Requesting Agency Name: University of DE - CEHD

Address: ALISON HALL, NEWARK, DE 19716

Phone: 302-831-3643 Fax: 302-831-4605 Contact Person: Marie Senff

DSCYF USE ONLY:

The individual listed above (\_\_\_\_ is listed) (\_\_\_\_ is NOT listed) on the Delaware Child Protection Registry.

Date: \_\_\_\_\_ DSCYF Criminal History Unit \_\_\_\_\_