

**KANSAS DEPARTMENT OF SOCIAL & REHABILITATION SERVICES
CHILD ABUSE AND NEGLECT CENTRAL REGISTRY
P.O. BOX 2637
TOPEKA, KS 66601**

Kansas Department of Social and Rehabilitation Services
Child Abuse and Neglect Central Registry
PO Box 2637
Topeka, KS 66601

Child Abuse and Neglect Central Registry
Release of Information

I, _____, give permission for the release of any information concerning
(please print complete first, middle and last name)
myself in the Child Abuse and Neglect Central Registry to:

Contact Person: _____
Agency Name: _____
Mailing address: _____
Phone Number () _____

I understand that all information released will be for the exclusive and confidential use of the above named organization/person/agency.

☆☆ Please complete the information below by printing in ink. ☆☆
Please print legibly. Do not leave any space blank. All requested information is required to process this request. Incomplete information will result in the release not being processed and will be returned as insufficient.

First, Middle and Last Name: _____
Maiden Name: (Female applicant only) _____
Married Names, Nicknames or Other Names Used:
(Use N/A if no other names used.) _____
Date of Birth: _____ Race: _____
Social Security # _____ Gender: Male Female
Signature: _____ Date: _____
Current Address: _____

For Central Registry Use Only

