

I, \_\_\_\_\_, give permission for the release of information concerning  
(PRINT ONLY)

myself in the Adult Abuse, Neglect, Exploitation Central Registry to:

**Contact Person(s)\*** Carrie Greenwood **Phone** 785-215-6655  
**Agency name** Kansas Youth Empowerment Academy  
**Agency mailing address** 517 SW 37th St., Suite B, Topeka, KS 66611  
**Agency email address** carrieg@kyea.org

Check box if agency is a CDDO, CMHC, or ILRC

Maiden Name and/or Other Names Known By: \_\_\_\_\_  
(PRINT ONLY)

**Address:** \_\_\_\_\_

**Street** **City** **State** **Zip Code**

**DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **SS#:** \_\_\_\_-\_\_\_\_-\_\_\_\_  Male  Female  
(mm/dd/yyyy) (mark one)

**I understand that all information released will be for the exclusive and confidential use of the above-named organization/person. I have read and understand this form and the information provided is true and correct to the best of my knowledge.**

**I give permission for the release of any information concerning myself in the Adult Abuse and Neglect Central Registry each year while I am employed or associated with the above agency.** \_\_\_\_ Yes \_\_\_\_ No

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mm/dd/yyyy)

Per statute 65-6205: Community Service Providers, Mental Health Centers and Independent Living Centers may request information for the purpose of obtaining background information on applicants for employment without signed consent. Signature is not required from the individual for which the inquiry is made.

*(Please allow 3-5 days for processing email requests and an additional 5-7 days if returning by US Postal Service)*

**FOR PPS ADMINISTRATION USE ONLY:**

Record Found?  No  Yes "Yes" indicates the individual is listed on the adult abuse, neglect, exploitation registry.  
If yes, check all that apply  Abuse  Neglect  Exploitation  Fiduciary Abuse  
Perpetrator's Name: \_\_\_\_\_ Date Substantiated: \_\_\_\_\_  
Initial: \_\_\_\_\_ Date: \_\_\_\_\_