

Kansas Department of Social and Rehabilitation Services Child Abuse and Neglect Central Registry 915 SW Harrison 5 th Fl. South Topeka, Kansas 66612	Child Abuse and Neglect Central Registry Release of Information
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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: Julia Thomas
Agency Name: Kansas Youth Empowerment Academy
Mailing address: 517 SW 37th St., Suite B
Topeka, KS 66611
Phone Number (785) 215-6655

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

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

**** 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: _____

Each request must be submitted with payment prior to the request being processed. Please attach appropriate fee of \$10.00 per release of information. All releases and fees should be sent via postal mail to the attention of SRS, Child Abuse and Neglect Central Registry, P.O. Box 2637, Topeka, KS 66601. The following state agencies are exempt from the \$10.00 fee: JJA (Central Office or Facilities), KNI, Dept. Of Education- Central Office, KDHE, State Hospitals, State Correctional Institutions, Attorney General's Office, Kansas School for the Blind, Kansas School for the Deaf, Child Welfare agencies in other states. Mentor record checks, i.e. Big Brothers Big Sisters, are exempt from the \$10.00 fee. For a complete list of Mentor Programs, go to: <http://kansasmentors.kansas.gov/Pages/FindaProgram.aspx>. If this is a mentor record check, please make sure the box below is checked.
Mentor Program: **If yes, please check**

For Central Registry Use Only

_____ **FEE ATTACHED**

**KANSAS DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES
ADULT ABUSE, NEGLECT, EXPLOITATION CENTRAL REGISTRY
REQUEST FOR INFORMATION**

All information released will be for the exclusive and confidential use of the agency requesting the information. The information provided by the applicant is true and correct to the best of the agency's knowledge.

_____ has applied for employment with our agency.

(PRINT ONLY)

Maiden Name and/or Other Names known by: _____

(PRINT ONLY)

DOB: _____ SS#: _____ - _____ - _____ Sex: M or F
(mm/dd/yyyy) (circle one)

Agency Information (please print)

Contact Person Julia Thomas Phone 785-215-6655

Agency Name Kansas Youth Empowerment Academy

Agency Mailing Address 517 SW 37th St., Suite B, Topeka, KS 66611

Street, City, State, Zip

FOR CENTRAL OFFICE USE ONLY:

Record found?

Yes ___ No ___ If yes, finding: ___ AB ___ NG ___ EX ___ FA (Check all that apply)
"Yes" indicates the individual is listed on the Adult Abuse, Neglect, Exploitation Registry

Perpetrator's Name: _____

Region: _____ Date Report Substantiated: _____

Initials: _____ Date: ___/___/___