

I, \_\_\_\_\_, give permission for the release of information concerning  
**(PRINT Full Name)**

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

**Contact Person(s)\*** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Agency name** \_\_\_\_\_

**Agency mailing address** \_\_\_\_\_

**Email address: Will return via Encrypted email unless marked otherwise** \_\_\_\_\_

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 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, Neglect, Exploitation Central Registry each year while I am employed or associated with the above agency. Yes No

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

**(An Ink Signature or a Verified E-Signature is Required for Processing)**

**(mm/dd/yyyy)**

**RETURN TO:**

**Email: DCF.APSRegistry@ks.gov**

**Mail: Office of Background Investigations**

Adult Abuse Registry  
500 SW Van Buren St  
Topeka, Kansas 66603

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

**For Official Use Only: Mark in this area if PROHIBITED**

**For Official Use Only: Mark in this area if CLEARED**